



Primary Health Care Management Advancement Programme

ASSESSING THE QUALITY OF MANAGEMENT



**MODULE 7
USER'S GUIDE**

THE PHC MAP SERIES OF MODULES, GUIDES AND REFERENCE MATERIALS

Each module includes:

- a User's guide
- a Facilitator's guide
- computer programs

Module 1 Assessing information needs

Module 2 Assessing community health needs and coverage

Module 3 Planning and assessing health worker activities

Module 4 Surveillance of morbidity and mortality

Module 5 Monitoring and evaluating programmes

Module 6 Assessing the quality of service

Module 7 Assessing the quality of management

Module 8 Cost analysis

Module 9 Sustainability analysis

Manager's guides and references

- Better management: 100 tips
- Problem-solving
- Computers
- The computerised PRICOR thesaurus

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Cover Photo: A community health nurse of the Aga Khan Community Health
Programme in Dhaka measures the blood pressure of a healthy
pregnant mother during a prenatal home visit

Photo by: Jean-Luc Ray for AKF



THE AGA KHAN UNIVERSITY



AGA KHAN FOUNDATION

Primary Health Care Management Advancement Programme

ASSESSING THE QUALITY OF MANAGEMENT

Lori DiPrete Brown
University Research Corporation

MODULE 7 USER'S GUIDE



Aga Khan Health Services



University Research Corporation
Center for Human Services



On the way to a rural health clinic in Peru.

Photo by WHO

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*Dedicated to
Dr. Duane L. Smith (1939-1992),
Dr. William E. Steeler (1948-1992)
and all other health leaders, managers and workers
who follow their example in the effort to bring quality health
care to all in need.*





Near Kakamega, Kenya, a nurse is teaching a mother how to prepare maize-salt oral rehydration solution on a cooking fire outside her house

Photo by Jean-Luc Ray for AKF



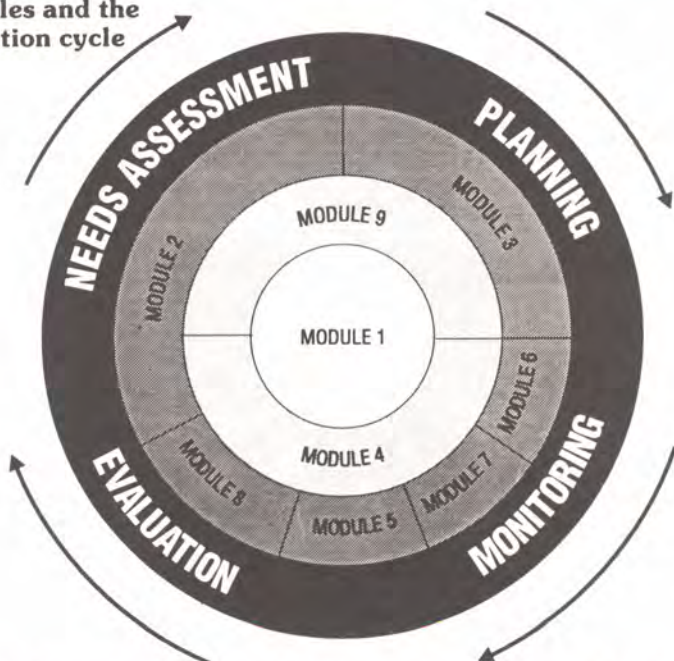
An overview of PHC MAP

The main purpose of the Primary Health Care Management Advancement Programme (PHC MAP) is to help PHC management teams collect, process and analyse useful management information.

Initiated by the Aga Khan Foundation, PHC MAP is a collaborative programme of the Aga Khan Health Network¹ and PRICOR.² An experienced design team and equally experienced PHC practitioner teams in several countries, including Bangladesh, Chile, Colombia, the Dominican Republic, Guatemala, Haiti, India, Indonesia, Kenya, Pakistan, Senegal, Thailand and Zaire, have worked together to develop, test and refine the PHC MAP materials to ensure that they are understandable, easy to use and helpful.

PHC MAP includes nine units called modules. These modules focus on essential information that is needed in the traditional management cycle of planning-doing-evaluating. The relationship between the modules and this cycle is illustrated below.

PHC MAP modules and the planning-evaluation cycle



PHC MAP MODULES

1. Information needs
2. Community needs
3. Work planning
4. Surveillance
5. Monitoring indicators
6. Service quality
7. Management quality
8. Cost analysis
9. Sustainability

1 The Aga Khan Health Network includes the Aga Khan Foundation, the Aga Khan Health Services, and the Aga Khan University, all of which are involved in the strengthening of primary health care.

2 Primary Health Care Operations Research is a worldwide project of the Center for Human Services, funded by the United States Agency for International Development.



Managers can easily adapt these tools to fit local conditions. Both new and experienced programmers can use them. Government and NGO managers, management teams, and communities can all use the modules to gather information that fits their needs. Each module explains how to collect, process and interpret information that managers can use to improve planning and monitoring. The modules include User's Guides, sample data collecting and data processing instruments, optional computer programs, and Facilitator's Guides, for those who want to hold training workshops.

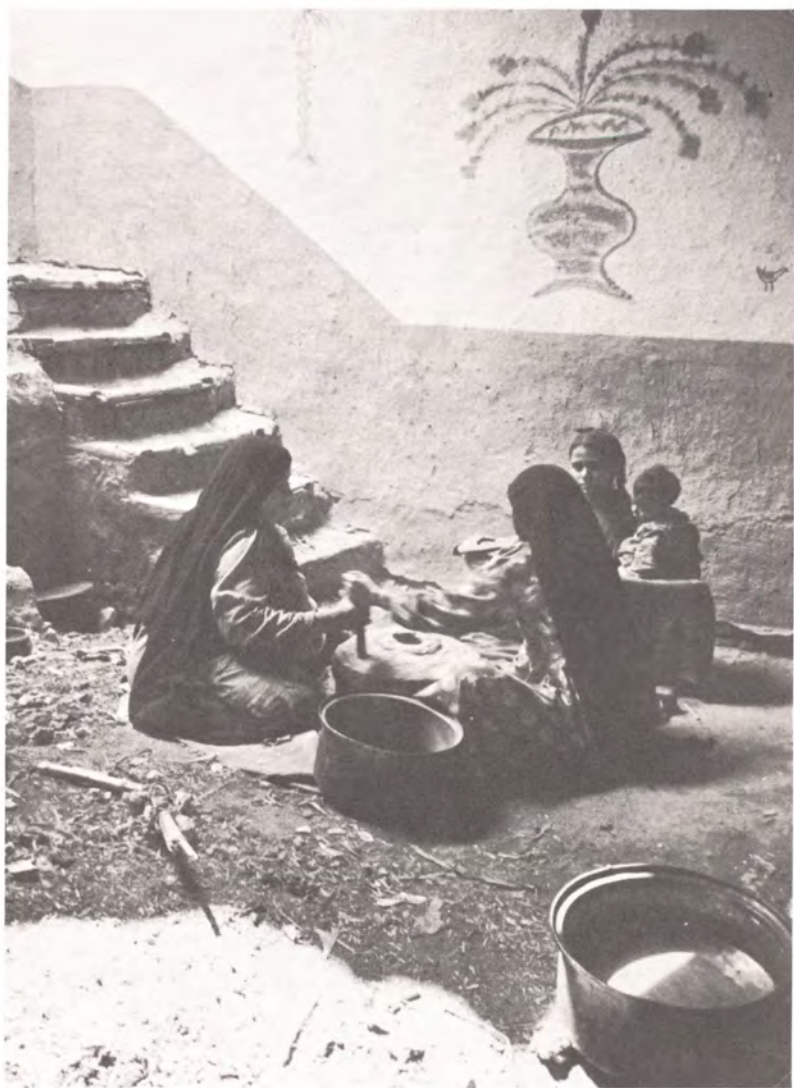
The health and management services included in PHC MAP are listed below.

Health and management services

HEALTH SERVICES		MANAGEMENT SERVICES
GENERAL PHC household visits Health education	OTHER HEALTH CARE Water supply, hygiene and sanitation School health Childhood disabilities Accidents and injuries Sexually transmitted diseases HIV/AIDS Malaria Tuberculosis Treatment of minor ailments Chronic, non-communicable diseases	Planning Personnel management Training Supervision Financial management Logistics management Information management Community organisation
MATERNAL CARE Antenatal care Safe delivery Postnatal care Family planning		
CHILD CARE Breast feeding Growth monitoring Nutrition education Immunization Acute respiratory infection Diarrhoeal disease control Oral rehydration therapy		

Several Manager's Guides supplement these modules. These are: *Better Management: 100 Tips*, a helpful hints book that describes effective ways to help managers improve what they do; *Problem-solving*, a guide to help managers deal with common problems; *Computers*, a guidebook providing useful hints on buying and operating computers, printers, other hardware and software; and *The computerised PRICOR thesaurus*, a compendium of PHC indicators.





In rural Egypt where primary health care extends to some remote areas: women grinding corn under a wall decoration welcoming husbands back from Mecca

Photo by P. Boucas for WHO



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Children in the U.K. take plentiful clean water for granted

Photo by Jean-Luc Ray for AKF



Quick start

Basic management assessment

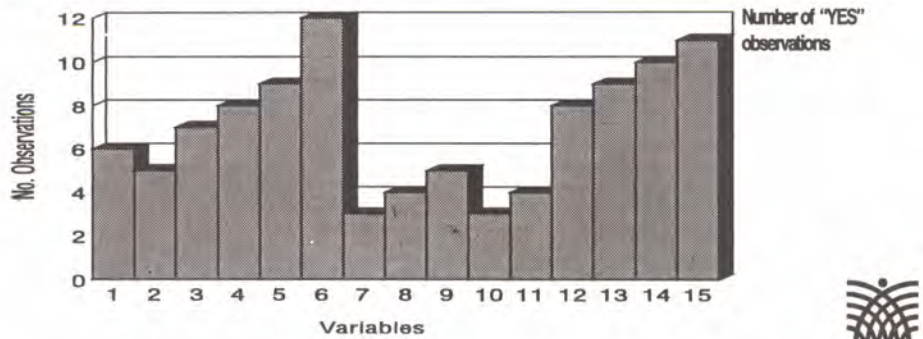
If you would like to conduct an assessment quickly, follow these guidelines. If you are using a computer, load this file (MOD7_QS.WQ1) into Lotus 1-2-3 or Quattro Pro 4 after you have collected your data. It will help you analyse it quickly. The Quick start option assumes that you want to examine one of the PHC management services listed below, and that you will use the checklists in Appendix B.

Instructions

1. Select a PHC management service to assess:

<input type="checkbox"/> Planning	<input checked="" type="checkbox"/> Supervision	<input type="checkbox"/> Information mgmt.
<input type="checkbox"/> Personnel mgmt.	<input type="checkbox"/> Financial mgmt.	<input type="checkbox"/> Community organ.
<input type="checkbox"/> Training	<input type="checkbox"/> Logistics mgmt.	<input type="checkbox"/>
2. Go to Appendix B and select the checklist for that service. Revise it as you wish. Select a maximum of 15 variables.
3. Determine (and list) the number of health centres, facilities, or individuals that will be observed _____
4. Determine the number of observations that you will make of each centre, facility, individual: _____
5. Select your observers and let them test the checklists with 2-3 similar centres/facilities/individuals.
6. Schedule the observations.
7. Photocopy or duplicate the number of checklists needed.
8. Conduct the observations.
9. Tabulate the resulting data on a blank checklist (enter the total number of Yes and No observations).
10. Enter those data in the following table. If you use the computer program, it will automatically compute percentage distributions and make a graph.
11. Identify problem areas and discuss with your staff and others to see if you can identify causes of the problems as well as possible solutions.
12. Develop a plan of action to deal with the most important problems.

Question/Variable No.		Number of Observations = 12													
Q/V	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Yes	6	5	7	8	9	12	3	4	5	3	4	8	9	10	11
%	50	42	58	67	75	100	25	33	42	25	33	67	75	83	92





An animated conversation between an auxiliary health worker and a villager in West Azerbaijan, Iran

Photo WHO/Ministry of Health of Iran



Introduction

What is management assessment?

Management assessment is the process of evaluating the strengths and weaknesses of such activities as planning, supervision, training and logistics. This module presents a series of management checklists, discussion guidelines, and analytical techniques for management assessment. With adaptation, managers can apply the checklists to determine whether management systems are functioning according to the norms and standards set by the programme. The PHC MAP discussion guidelines and analytical techniques complement the checklist approach by helping the PHC team to explore the causes at the root of the problem and to develop creative and appropriate solutions.

The aim of management assessment is to identify specific ways in which the management system could function better, rather than to point out mistakes or blame those responsible. The approach presented here is intended to help teams work together to improve management which will, in turn, improve the effectiveness, efficiency, and quality of PHC services. While this module concentrates on the quality of PHC management services, Module 6: Assessing the quality of services, outlines a similar process to examine and improve directly the quality of service delivery.

How you can use this module

This module enables managers and supervisors to carry out management assessment with the aid of management checklists, discussion guidelines, and analytical techniques.

The management assessment checklists presented here

**Identify
strengths,
weaknesses**



are based on explicit criteria about the various management processes. These checklists operationalise management assessment activities into discrete tasks, enabling managers and service delivery teams to conduct objective, thorough, and systematic assessments. In-depth discussion with the staff involved in the processes is another way to assess and analyse management performance. The PHC MAP discussion guidelines can be used to structure an open-ended discussion and analysis of management services. This management assessment approach can be used in a variety of ways. Examples include:

**Tools
have many
uses**

- **Management evaluation:** These tools can form the basis of an evaluation of PHC management. Such an assessment would include observation of activities, a review of records, and a review of the health facility itself. It could also include interviews with members of the health team and community members who are or should be served by the programme. Structured interviews and open-ended informal discussions could be used. A multi-facility review could also be carried out based on the materials presented here.
- **Guidelines for team self-assessment:** PHC MAP tools can also be used for team self-assessment. Group discussion, based on the PHC MAP discussion guidelines, can serve as a starting point for sharing information and opinions and identifying areas that need attention.
- **Guidelines for planning new management procedures:** Some teams may find that important management services are not in place in their health programmes. Rather than beginning with assessment in such cases, the checklists can be used by a manager or team as a planning tool for a needed management procedure.
- **Tools for monitoring management improvement efforts:** Managers can also use the tools to monitor the impact of attempts to improve management. This could be especially valuable after an initial assessment has taken place, or as an interim activity between assessments.
- **Management job aids:** Managers or PHC teams can also use these guidelines as job aids in the various management areas addressed. In each management area, specific



tasks that contribute to better management are listed. This list of tasks could be used as a checklist that managers can refer to as they plan and carry out management activities.

- **Management training:** These materials are also useful in the development of a management training programme. Management assessment activities are intended to complement the other elements of the PHC Management Advancement Programme. Areas for programme improvement will be identified through a management information audit (Module 1), service quality assessment (Module 6), or routine programme monitoring (Module 5). Problems encountered in these areas are sometimes caused by shortcomings in programme management. With the help of these management guidelines, problem areas can be explored in more detail so that appropriate action may be taken. Further, since service delivery problems are often solved through management interventions, these guidelines can be used to develop and monitor efforts to improve the programme.

Management assessments can be carried out by managers, service delivery teams, community groups, or outside evaluators. They are most effective when they are used for internal assessment by the PHC team to identify areas for improvement and to develop plans for action.

Management checklists

PHC management checklists have been developed for 8 management services. Each checklist consists of an organised list of specific recommended tasks, along with brief instructions about how the information gathered can be used. These checklists can be easily adapted to specific public and private programmes by adding, modifying, or omitting items. They can be used to assess overall PHC management, specific management services or sub-functions, or vertical service delivery programmes. Information can be gathered through interviews, group discussions, document review, observation of management activities, or a review of the health facility. The management services listed on the following page are included.

**Complements
other modules**

**Easily
adaptable**



Planning	Financial management
Personnel management	Logistics management
Training	Information management
Supervision	Community organisation

Each checklist divides the management service into activities, which are further divided into distinct tasks. For example, the planning checklist has a section on the mission statement, programme objectives, information needed for planning, financial planning, programme planning, and individual work planning. This structure will help the user to identify major sub-functions that are problematic so that appropriate action may be taken.

The PHC MAP checklist for planning is presented in Exhibit 1 on the following page. Detailed checklists for all eight management services functions are included in Appendix B. In the form presented here, most questions are phrased for a yes/no response. The questions are formulated so that a "no" response indicates a potential problem area that may require further attention. The yes/no format was chosen so that analysis of the data would be straightforward. However, the checklist can be used in other ways if more flexibility is needed.

For example, if a manager feels that the yes/no format is too rigid for some questions, those questions could be re-worded slightly and a scale of 1-5 could be used. For example, the question, "Do staff members understand the programme mission?", could be changed to, "How well do staff members understand the programme mission?" The 5 point scale could be defined as, 1 = very poorly, 2 = poorly, 3 = adequately, 4 = well, and 5 = very well. Alternatively, the question could be phrased as a declarative sentence, "Staff members understand the programme mission well", and the scale could be defined as 1 = disagree strongly, 2 = disagree, 3 = neutral, 4 = agree, and 5 = agree strongly. Other modifications on the scale are also possible.

Some questions ask for opinions about the quality or adequacy of specific tasks. In such cases the perspectives of managers, health service providers, and community members should be taken into account.



Some questions, such as, "Does the facility have a refrigerator?", are straightforward and can be answered reliably by one respondent, although a check on such information is sometimes useful. Others should be explored from more than one point of view. For example, the question, "Do health workers receive adequate technical support and supervision?", should be explored through consultation with supervisors and health workers themselves. Sources of information can include managers, health service providers, community health workers, clients, and other community members. Records of reviews, observation of activities, and site visits are also important sources of information.

EXHIBIT 1: MANAGEMENT ASSESSMENT Checklist for planning

"Health planning is the process of defining community health problems, identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals."

This checklist is intended for use in the assessment of planning activities. Its objective is to help managers to enhance the quality of their programmes by identifying and resolving problems in the planning area. They can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or a review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks. In such cases the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklists can be used as a basis for an open-ended interview or group assessment.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/Supervisor
4. _____ Date

Mission statement

A mission statement describes the purposes and overall goals of an organisation. These questions will help you to determine whether the mission is clearly defined and understood by programme staff, the community, and donors:

5. YES _____ NO _____ Is there a written mission statement?
6. YES _____ NO _____ Does the mission statement include a clear primary health care strategy?

(continued)



(continued)

7. YES___NO___ Is the mission statement understood by the health centre staff?
8. YES___NO___ Is the mission statement understood by the community?
9. YES___NO___ Is the mission statement understood by health centre management?
10. YES___NO___ Is the mission statement understood by the board?
11. YES___NO___ Is the mission statement understood by the donors?
12. YES___NO___ Does the programme plan directly address the overall programme mission?

Programme objectives

Objectives are the specific results that are expected from a programme or activity. These questions will help you determine whether the objectives are defined adequately for the purpose of planning:

13. YES___NO___ Is the geographic area to be served clearly defined?
14. YES___NO___ Are the age groups to be served clearly defined?
15. YES___NO___ Are high-risk groups to be served specified?
16. YES___NO___ Are the services offered specified?
17. YES___NO___ Are there explicit programme objectives?
18. YES___NO___ Did the community play a role in setting goals and objectives?
19. YES___NO___ Are the objectives reviewed and revised on a regular basis?
20. YES___NO___ Do government programmes and/or donors understand and agree with the goals and objectives?
21. YES___NO___ Are coverage objectives for each service stated and quantified?
22. YES___NO___ Are coverage objectives understood by staff?
23. YES___NO___ Are objectives for service quality stated and quantified?
24. YES___NO___ Are service quality objectives understood by staff?
25. YES___NO___ Are objectives for improvements in knowledge in specific PHC areas stated and quantified?
26. YES___NO___ Are objectives for improvements in knowledge understood by staff?
27. YES___NO___ Are objectives for behaviour change in specific PHC areas stated and quantified?
28. YES___NO___ Are behaviour change objectives understood by staff?
29. YES___NO___ Are objectives for health status improvement stated and quantified?
30. YES___NO___ Are health status objectives understood by staff?

This checklist continues with 37 more questions on information needed, planning and staff work. See Appendix B.



Management discussion guidelines

PHC MAP management checklists attempt to measure or quantify management performance. However, many management areas are difficult to quantify or isolate into a yes/no question. Because management is complex and multi-faceted, a more qualitative type of assessment tool is needed. The PHC MAP discussion guidelines complement the checklists by helping managers to capture the complexity of their management systems and to study them in depth. Discussion guidelines for all eight PHC MAP management services have been developed (see Appendix A). Exhibit 2 presents an example of the discussion guidelines for training.

The discussion guidelines can be used as a basis for an open-ended group discussion. The participatory nature of this method is especially important because the interaction among group members will make for a richer response and groups are better than individuals at identifying problems and their multiple causes.

EXHIBIT 2: MANAGEMENT ASSESSMENT

Discussion guidelines for training

Training is the process of continually improving the knowledge, skills and competencies of health workers.

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

- Everyone's ideas and opinions are important.
 - There are no right or wrong answers.
 - Both positive and negative comments are welcome.
 - Participants should feel free to disagree with one another so that all points of view are heard.
 - Don't wait to be called on; it's a group discussion.
 - Please speak one at a time.
-

These discussion guidelines are provided to help you to lead a group discussion about your training system. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion.



Discussion

- What works well in the way we do training?

Guidelines

- What aspects of the way we do training do not work well?
- What kind of information do you use to plan or focus training? Do you use information about health worker knowledge, attitudes, and practices? Do you use information about community needs? Is this information available to you?
- What training methods are used? Are they used correctly? Are they effective? Is the content of the training appropriate for local norms?
- What resources are available to support training? What resources are needed?

Key questions

- Is programme specific information (from MIS or supervisor) about service quality used to plan or focus the training?
- Did the training include a pre-test of health worker knowledge and skills?
- Does training include a post-test of health worker knowledge and skills?
- Is there a follow-up assessment of training (about six months later) to assess the impact of the training?
- Are training topics explained clearly?
- Are training topics demonstrated?
- Do trainees receive written materials?
- Are health workers satisfied with the training they receive?
- Will training be followed up through the regular supervision system?
- Will trainee performance in new skill areas be monitored through MIS?
- Is the training content complete and accurate according to local norms?
- Are resources adequate?

An overview of management services and checklists

This section defines the eight management services included in the PHC MAP programme and describes the key components of the management checklists. Clear understanding of these basic management concepts is essential for project managers and health centre teams who want to assess and improve their programmes.

1. PLANNING

Definition: Health planning is the process of defining community health problems, identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals.



Description and explanation of guidelines: The guidelines are divided into five sections which address different aspects of the planning process. The first section assesses whether there is a mission statement and whether it is understood by programme staff, the community, and donors. The second section assesses whether programme objectives (specific results that are expected from a programme or activity) have been adequately defined for the purpose of planning. The next section considers whether the information needed for programme planning is available. Section four assesses the adequacy of the organisational structure, overall work schedule, and whether management activities are planned. The final section discusses individual work planning for staff members, which is dealt with in more detail in Module 3.

2. TRAINING

Definition: Training is the process of continually improving the knowledge, skills, and competencies of health workers.

Description and explanation of guidelines: The guidelines are divided into four sections which address different aspects of the training process. The first section deals with the planning of training activities. The second section assesses the training methods, and the third assesses training content. The final section includes questions about the adequacy of training resources.

3. SUPERVISION

Definition: Supervision is the process of directing and supporting staff so that they may effectively perform their duties. Supervisors provide leadership, support, guidance, training, and assistance in the identification and solution of problems so that service quality and effectiveness may continually improve.

Description and explanation of guidelines: The guidelines address four aspects of supervision. The first section can be used to describe or assess supervisory activ-



ities. The second section includes questions about supervisory methods, as well as a general assessment of the adequacy of supervision in a variety of technical and management areas. The third section addresses supervision of technical service quality, and section four assesses supervisory style. Section five looks at supervisory action taken, specifically work planning and problem-solving. The final section assesses whether vital information for problem-solving is included in the supervisory records.

4. PERSONNEL MANAGEMENT

Definition: Personnel management includes activities which relate to recruiting, hiring and supporting staff, and defining the roles of the individual. It also refers to standard procedures related to compensation, benefits, and work schedules.

Description and explanation of guidelines: The guidelines are divided into four sections which address different aspects of personnel management. The first section looks at essential personnel management issues that reflect the quality of the personnel management system, such as whether salaries are fair, and whether staff turnover is kept at a reasonable level. The second section assesses whether key personnel policies and procedures are in place. The questions in section three will help to assess the adequacy of job descriptions. Section four addresses the ongoing activity of work planning and performance assessment.

5. FINANCIAL MANAGEMENT

Definition: Financial management includes management of and accountability for programme finances, budgeting for planned activities, and, in some programmes, cost recovery or fund-raising.

Description and explanation of guidelines: The guidelines are divided into seven sections which address different aspects of financial management. They permit a detailed assessment of processes related to general accounting, cash



disbursements, accounts payable and purchases, payroll, petty cash, financial planning and management, and sources, and adequacy of funding.

6. LOGISTICS MANAGEMENT

Definition: Logistic systems deal with the procurement, storage, and tracking of supplies and equipment.

Description and explanation of guidelines: The guidelines are divided into five sections which address different aspects of logistics management. They are procurement, reception of materials, inventory control, stock issue, and transportation.

7. INFORMATION MANAGEMENT

Definition: An information system is organised around key indicators that measure a programme's progress toward its goals. It is a systematic way of collecting, analysing, reporting, and using data at all programme levels.

Description and explanation of guidelines: The guidelines are divided into eight sections which address various aspects of service delivery: planning the information system; record keeping (health centre level and district level); compilation and tabulation and analysis of information (at health centre and district level); use of information for management decision-making; reporting information and feedback; ad hoc data collection; compilation and analysis of ad hoc data collection; and use of information for management decision-making.

8. COMMUNITY ORGANISATION

Definition: Community organisation is the involvement of the community in the design, planning, promotion, or delivery of health enhancing activities.

Description and explanation of guidelines: The guidelines are divided into six sections which address different aspects of service delivery. The first section is a profile of the local health committee or community organisation. This



profile will help supervisors or health workers to describe the context of community activities and to identify opportunities and constraints. The second section looks at utilisation, satisfaction, and participation. The third section looks at indicators of quality, such as the representativeness of the group and the level of the group's activities. The fourth section looks at the community's role in programme implementation, while the fifth section assesses whether communities are playing a leadership role in activities. The final section looks at the support received by community organisations and co-ordination with other programmes or community efforts.

Using service quality checklists for management assessment

In addition to using the checklists provided in this module for management assessment, the service quality assessment checklists in Module 6 can provide an important source of information about the quality of management.

Service quality measures can be thought of as outcomes of management activities and, therefore, often provide insights into the adequacy of the management system. This relationship is especially clear in the areas of supervision and training.

Service quality checklists used during regular supervision can be reviewed by higher-level managers as a source of information about service quality and performance. For example, if the checklists filled out by a supervisor indicate service delivery problems but do not record corrective action taken, this might be identified as a problem area in supervision by a higher-level supervisor. Following are some examples of how service quality checklists can be used in supervision:

- Secondary supervisors can conduct quality assessments in the responsibility areas of their subordinate supervisors. The results measure the outcome and effectiveness of first-level management/supervision.
- Secondary supervisors can use checklists to carry out supervision jointly with first-level supervisors. This will



allow the second-level supervisor to assess directly how well a supervisor identifies and solves specific problems.

- Checklists can be used as a basis for a supervisory interview or performance review.

Service quality checklists can be used as a reference for the development of detailed training assessment tools. Exhibit 3 shows a training assessment tool that combines the detail of the service quality checklist for ORT with the training quality criteria included in the management checklist. The assessment tool could be used during observation of training or to interview participants after training. Subsequent supervision with service quality checklists could determine which training topics were not communicated effectively, and the training content or methods in that area could be adapted accordingly.



EXHIBIT 3: QUALITY ASSESSMENT

ORT training

This is an example of how service delivery checklists could be adapted as tools for detailed assessment of a training course on ORT.

E=explained, D=demonstrated, PC=practised, T=competency-based testing, MT=included in take-home material, MN= included in manual.

Medical history

- E__D__PC__T__MT__MN__ Duration of diarrhoea?
 E__D__PC__T__MT__MN__ Consistency of stools?
 E__D__PC__T__MT__MN__ Frequency of stools?
 E__D__PC__T__MT__MN__ Presence of blood in stools?
 E__D__PC__T__MT__MN__ Presence of vomiting?
 E__D__PC__T__MT__MN__ Fever?
 E__D__PC__T__MT__MN__ Home treatments?

Physical examination

- E__D__PC__T__MT__MN__ Assess general status (alert or lethargic)?
 E__D__PC__T__MT__MN__ Pinch skin, examine fontanel and mucus membranes?
 E__D__PC__T__MT__MN__ Weigh child?
 E__D__PC__T__MT__MN__ Determine nutritional status to be sure the child is not severely malnourished?
 E__D__PC__T__MT__MN__ Take temperature?

Classification and treatment

- E__D__PC__T__MT__MN__ Determine the degree of dehydration (none, moderate, severe)?
 E__D__PC__T__MT__MN__ Prescribe safe ORT solution?
 E__D__PC__T__MT__MN__ Recommend safe home treatment with ORT solution?
 E__D__PC__T__MT__MN__ Refrain from using antibiotics, except when stools contain blood or mucus?
 E__D__PC__T__MT__MN__ Refrain from using anti-diarrhoeals?
 E__D__PC__T__MT__MN__ If child is dehydrated, administer ORT solution immediately or refer child for ORT?
 E__D__PC__T__MT__MN__ Give sufficient amount of ORT solution?
 E__D__PC__T__MT__MN__ Plan to reassess child's hydration status after an appropriate interval?
 E__D__PC__T__MT__MN__ If dehydration is severe, rehydrate with intravenous fluid or naso-gastric tube?
 E__D__PC__T__MT__MN__ If IV or NG tube is not available within 30 minutes of facility, try ORT?
 E__D__PC__T__MT__MN__ If child cannot drink, refer/evacuate for IV or NG treatment?



ORT education

E__D__PC__T__MT__MN__	Tell mother to give extra fluids during diarrhoea?
E__D__PC__T__MT__MN__	Tell mother how to prepare ORS solution?
E__D__PC__T__MT__MN__	Tell mother how much ORS to give and how often to give it?
E__D__PC__T__MT__MN__	Tell mother about appropriate feeding practices during and after diarrhoea?
E__D__PC__T__MT__MN__	Tell mother about at least ____ signs of dehydration?
E__D__PC__T__MT__MN__	Discuss at least ____ danger signs that indicate need for further medical attention?
E__D__PC__T__MT__MN__	Show mother how to prepare ORS solution?
E__D__PC__T__MT__MN__	Verify that mother understands key information?
E__D__PC__T__MT__MN__	Ask mother if she has any questions?

Strengths and limitations of the module

It is important to note a few limitations of the module. First, effective use of the tools provided in the module depends on a management environment that is open to frank assessment of programme strengths and weaknesses. Second, those involved in the assessment must have knowledge of the process under discussion. For this reason it is very important to include the staff members who actually carry out the task in the assessment. Finally, there are limits to the extent to which management assessment can be quantified, thus, the staff members are still dependent on qualitative information to a considerable degree. Even when performance can be quantified, results cannot be generalised because they flow from a specific management system with unique features.

In spite of these limitations, the management assessment methods posed here are objective and concrete, and offer considerable advantages over many types of performance review and needs assessment methods currently in practice. The process of assessment also provides an opportunity for communication and a chance for a team to think together and gain insights about management. Finally, the identification of problem areas or opportunities for improvement is sometimes enough to lead to better performance. A management assessment is an effective way to direct staff attention to the importance of management and to help each member see opportunities to improve the system.



Management assessment procedures

This section describes an eight step process of designing and carrying out a management assessment.

Step 1: Specify the objectives of the management assessment

Step 2: Determine assessment methods

Step 3: Select and adapt appropriate checklists or guidelines

Step 4: Carry out the assessment

Step 5: Tabulate and analyse the data

Step 6: Present and review the preliminary results

Step 7: Analyse the management process in more detail

Step 1: Specify the objectives of the management assessment

The general objective of management assessment is to identify strengths and weaknesses and to improve management which, in turn, will improve overall programme effectiveness. In planning a management assessment it is up to the manager or PHC team to determine the specific objectives and scope of the assessment. These decisions are important because they have implications on design, analysis, and documentation. The following questions should be addressed at the outset: (see page 22)

- **What is the purpose of the assessment?** The purpose of the assessment might be, for example, needs assessment in a particular management area, with the aim of identifying ways that the system could be improved. The assessment might also be used to assess the performance of an individual, a team, or a system.

**Clearly
specify
purpose and
objectives of
the
assessment**



- **What management activities will be included?** The selection of a management activity for assessment should be based on priorities identified by managers and the PHC team. Results from routine monitoring, service quality assessment, or other evaluations could be taken into account. The focus of the assessment could be an entire management system, for example, planning, or it could focus on a sub-task within planning, for example, the mission statement.

- **Who will use the information gathered?** The information generated from a management assessment can be used by local managers, PHC teams, health committees, the board of directors, regional or national directors, and donors. Who will use the information will have an impact on what information is collected, how much is collected, and how it is reported. On the one hand, a report that is intended for use by national directors and donors might require a large statistical sample and a formal report as an end product. A local manager, on the other hand, might use a small convenience sample and document the conclusions in a supervisory notebook.

- **How will the information be used?** The information collected can be used in a variety of ways. It can be used by programme staff to develop management improvement programmes and to better understand the root causes of service delivery problems. It can also be used to focus training efforts on the actual needs experienced in the programme. The specific use of the information will have implications on what is collected and how it is analysed.

- **What will be the unit of analysis?** What health facilities will be included? The appropriate unit of analysis for management assessment will depend on the objectives of the assessment and the nature of the management function in question. Several options are discussed below:

**Who will use
the
information
and how is it to
be used?**



Single health facility. In many cases the health facility will be the unit of analysis. Such management assessments often involve a study of management processes for only one health facility, with the aim of making improvements at that level. This type of assessment permits in-depth analysis of the local situation, participation of staff, and locally appropriate solutions.

The unit of analysis will depend on the objectives of the assessment

A group of health facilities. Management processes for a group of health facilities of an area or region may also be of interest. Managers may want to study the same management process in a group of facilities to identify systematic management problems that will require intervention from the area or region for resolution.

Outputs related to the management function. Each management system has outputs which may also be a unit for analysis. For example, in the training system, outputs might be training courses or trainees. These could be examined as a way of assessing the performance of the training system.

- **Over what period of time will the activities take place?** Managers must consider the above decisions determining the time and duration of management assessment activities. Short rapid assessments may be employed, or more in-depth studies may be undertaken. Also, some activities may be carried out on an ongoing basis, while others will be done once, or on an ad hoc basis.
- **Are adequate resources available for the assessment?** Ideally, management assessment activities should be carried out with resources that have been allocated to management and supervision. However, additional costs, such as transportation, per diem, and supplies may be needed. In designing studies, managers should assess whether additional resources are available and keep in mind the importance of both the financial and technical feasibility of carrying out assessments.



WORKSHEET FOR PLANNING MANAGEMENT ASSESSMENT

Step 1. Specify the objectives of the assessment

- a. What is the purpose of the assessment?
To ensure a steady supply of drugs in the health centre
- b. What is the scope of the assessment?
Management activity(ies): *Logistics*
Sub-tasks: *Procurement*
Inventory control
- c. Who will use the information gathered?
Pharmacy, director of health centre
- d. How will the information be used?
To determine if drug supplies are adequate and, if not, to identify changes that should be made in the system
- e. What programmes or facilities (units) will be analysed?
1 health centre
- f. Over what period of time will the activities take place?
6 months
- g. Are resources adequate?
Needs are minimal

Step 2. Determine assessment methods

- a. Unit of observation: *Pharmacy (Number of days when drugs are not available and the percentage of patients who receive all needed medications)*
- b. Data sources: *Discussion with health centre staff, including the person who manages the pharmacy.*
- c. Sampling methods: *100% sample for last six months*

Step 3. Choose relevant checklists: *Logistics - procurement (p. 69-70); inventory (p. 70)*

Modification required: *yes*

Need to adapt questions so that they relate to drug supply. Need to add questions to measure the number of days when drugs were available for essential drugs, and to measure the percentage of patients who received the medicine needed.



Step 2: Determine assessment methods

- **Quantitative or qualitative assessment?** This module presents two different approaches to management assessment. The use of PHC MAP checklists permits a comprehensive, quantitative assessment. This will help you to describe the management system and its problems. Some of the problems will be easy to solve as a result of the assessment, others will leave the team with many questions.

Why do these problems occur? How can they be corrected or prevented? These questions are too complex to be answered with a checklist alone. They require a less structured format that allows people to share their insights and experiences. The PHC MAP discussion guidelines are better suited to this kind of exploratory qualitative assessment.

Managers may choose the structured checklist approach or the more flexible discussion to assess their management performance. This decision will depend on the objective of the management assessment and, to some extent, on the style of the manager. The two approaches can also be combined, so that the team can benefit from the advantages of both methods. For example, a manager or PHC team might first apply the checklists to get a general idea of how things are going. Based on these results, a group discussion could be held to assess the situation in more depth and from different points of view.

**Quantitative
and qualitative
methods can be
combined for
greater
advantage**

- **Information sources.** Information about management services can be collected from direct observation of job performance or inspection of the health facility. A review of programme records is another source of information. Interviews or surveys may also be helpful. These could be carried out with individuals or groups and could be open or close-ended. In choosing information sources, consider the reliability of the information, the time it will take to collect it, and the cost involved.



**Test
instruments
and revise as
needed to
improve utility
of results**

Step 3: Select and adapt appropriate check lists or guidelines

While the checklists and discussion guidelines may be used as they are, they will usually require some adaptation. Field tests have shown that it should take no more than 2-3 hours to revise these tools. Adaptation can include rephrasing questions, omitting items that are irrelevant, revising, rearranging, rephrasing items to fit local conditions, and adding items that are important to your programme. In some cases you may want to combine items or sections from several checklists to form a new one.

Several managers have found it useful to make these changes in a group session that involves the users, who are usually supervisors and administrative staff. Group work helps to ensure that the key users become familiar with the instruments and procedures and develop a sense of "ownership" of the assessment. It is also quicker. When an instrument is prepared by one person it is often circulated for comment, revised, and recirculated several times. This is often unnecessary if the assessment is carried out by the group.

Step 4: Carry out the assessment

After the assessment has been designed and the tools have been adapted, the manager must take steps to carry out the assessment. Before the assessment the manager should review the management checklists or discussion guidelines that they will use to ensure that they are comfortable with the format, procedures, and content.

- **The group discussion.** If group discussions are to be held, the manager should give participants as much notice as possible and provide them with a brief description of the purpose of the meeting and the kind of information they will be asked to provide. This allows staff to prepare by thinking about the topic beforehand and conferring among themselves. Also, this will afford participants time to gather information to illustrate their points of view, if they so desire. The ideal size for a group discussion is 5-10 people.



Each group discussion should begin with a brief introduction and explanation of the purpose of the discussion. Also, the person who leads the discussion should explain the ground rules to the group before the session. This is especially important if the group members have held other kinds of meetings together. They should be reminded that this meeting has a different purpose and structure. The following ground rules will help the group stay on course:

Ground rules for group discussion¹

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard

Don't wait to be called on; it's a group discussion.

After the ground rules have been presented, the leader can use the discussion guidelines to lead the discussion on a given management topic. The leader of the group discussion can refer to the checklists if there is a need to probe the issue in more detail. The yes/no type questions from the checklists can be easily modified to encourage discussion. For example, if controversial issues are raised with a yes/no question, an adversarial or combative tone may develop, leading some group members to refrain from contributing.

Rather than asking a group of yes/no questions, such as, "Do staff understand the programme mission?", try a more neutral wording, such as, "Tell me what you understand about the programme mission." or, "How well do you think the mission statement is understood?". Another alternative to start a constructive discussion is to use two questions, such as, "What aspects of the mission statement are understood well?" and, "What aspects of the mission statement are not understood well?"

1 Adapted from Debus, M., *Handbook for excellence in focus group research*. Academy for Educational Development, HEALTHCOM, Washington, DC, 1992.



The group leader should keep track of the time and guide the group to new topics when it seems that enough information in a specific area has been shared. Before moving to a new topic or question, the leader should ask the group if anyone has any final comments to add. At the end of the discussion, the leader should thank the group for participating and give everyone in the group one last opportunity to comment on the overall topic.

The leader should write a summary of the discussion, organised by topic, soon after the discussion so that key issues will not be forgotten. This information will be useful for identifying management problems, their causes, and possible solutions.

- **Visits to the health facility.** If field visits are required to meet with teams or individuals, arrangement for transportation will have to be made. The schedule of regular activities at the facility should be taken into account so that the assessment does not interrupt important activities. Yet, some managers may want to make unannounced visits so that staff do not make special preparations for the assessments.

If observation is to be carried out, it is usually a good idea to explain what the observer will be doing and why, so as to avoid misunderstanding and anxiety. Experience has shown that most workers want to improve their performance and welcome constructive help and advice. But they will also resist co-operating when they suspect that gathered information will be used against them. Ideally, assessments should be carried out in a supportive, constructive manner to help staff improve programme management. After the assessment, the checklist should be reviewed to be sure that all questions are answered and that all answers are clear.

Step 5: Tabulate and analyse the data

The quantitative tabulation and analysis procedures suggested here are similar to those described in Module 6. Supervisors and managers can hand tabulate the data, often in minutes, depending on the number of observations.

The information gathered during an assessment may be

Direct observation is not effective when it is first explained that results will help in making improvements.



tabulated using a simple matrix. Data is transferred from observation checklists to the matrix, and can be summed up easily. If multiple observation checklists are used, the tabulation can be done on the checklist, eliminating the need to transfer the information to the tally sheet.

Exhibit 4 on the following page shows how a tally sheet was used to record and tabulate 39 observations of the quality of the PHC drug supply system in ten health centres. The question numbers correspond to those of the Logistics management checklist in Appendix B.

The results show that there are some items that are either done by everyone (e.g., No. 8: all health centres have a clear policy about who can authorise requests) or by no one (e.g., No. 9: no one seeks multiple cost estimates). Clearly, from this analysis, a number of items need attention.

It can be easier to understand these numbers if they are displayed graphically, such as in Exhibit 5. In this graph the bars represent the number of health centres that responded "Yes" to an item. The longer the bar, the greater the number of positive responses, and vice-versa.

The manager may wish to set a minimum standard, or threshold, for the overall programme. For example, that at least 6 centres respond positively to an item, otherwise, it is below standard and deserves immediate attention. Those programmes where no centre responds "Yes", deserve priority attention.

• **Rapid data analysis plan.** If a large number of observations are going to be made, it can be very helpful to develop an analysis plan. Calculations such as the following can be carried out as warranted.

Total: Sum the number of observations for each variable (i.e., each management service task).

Frequency distributions or counts: Add up the number of "yes" and "no" responses for each variable (task) and compute the percentage distribution: Take the number of each count ("Yes" and "No") and divide it by the total number of observations x 100.

Threshold analysis: Set a minimal acceptable level for each item. Those which exceed that level are identified as problems.

Develop analysis plan and formats for presentation of results



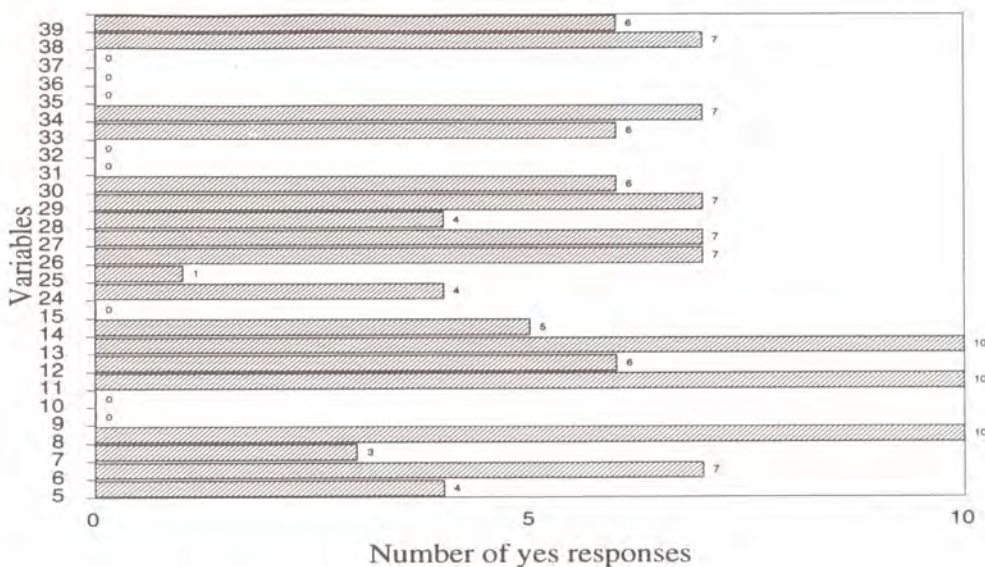
Exhibit 4: Summary of observations of drug supply system

Question/	Facilities:											
Variable	A	B	C	D	E	F	G	H	J	I	Total	Yes
5	Y	Y	N	N	Y	Y	N	N	N	N	4	
6	Y	Y	Y	Y	Y	Y	N	N	N	Y	7	
7	Y	Y	N	N	N	Y	N	N	N	N	3	
8	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	
9	N	N	N	N	N	N	N	N	N	N	0	
10	N	N	N	N	N	N	N	N	N	N	0	
11	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	
12	Y	Y	N	N	Y	N	Y	Y	Y	N	6	
13	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	
14	Y	Y	N	N	Y	Y	N	N	Y	N	5	
15	N	N	N	N	N	N	N	N	N	N	0	

24	N	N	Y	Y	Y	N	N	N	N	Y	4	
25	N	N	Y	N	N	N	Y	N	N	N	2	
26	Y	Y	Y	Y	N	N	N	Y	Y	Y	7	
27	Y	N	N	Y	Y	N	Y	Y	Y	Y	7	
28	Y	Y	N	N	N	N	Y	Y	N	N	4	
29	Y	Y	Y	Y	Y	Y	N	N	N	Y	7	
30	Y	Y	N	N	N	N	Y	Y	Y	Y	6	
31	N	N	N	N	N	N	N	N	N	N	0	
32	N	N	N	N	N	N	N	N	N	N	0	
33	Y	Y	N	N	Y	Y	N	N	Y	Y	6	
34	Y	Y	Y	N	N	N	Y	Y	Y	Y	7	
35	N	N	N	N	N	N	N	N	N	N	0	
36	N	N	N	N	N	N	N	N	N	N	0	
37	N	N	N	N	N	N	N	N	N	N	0	
38	Y	Y	Y	N	Y	Y	Y	Y	N	N	7	
39	Y	Y	N	N	Y	Y	N	N	Y	Y	6	



Exhibit 5: Drug supply: 10 health centres



Scoring: In addition to analysing data by specific service tasks, a scoring system can be developed to assess overall quality. For example, each task that was carried out could receive a score of one point. The total "quality score" would be the total number of points for a set of tasks compared with the maximum possible score. If some tasks are much more important than others, they can be given added weight (e.g., 1.5 or 2 points).

Breakdown by site: Compare one site or session with another. Totals, counts, and percentages can be calculated for each site. This will help managers to identify strengths and weaknesses at different sites.

Graphs: Results can be plotted on a graph to give a manager or supervisor a summary of the data. This is a useful visual aid for presenting information. Exhibit 5 shows an example of such a graph.



Step 6: Present and review preliminary results

The results of a management assessment are likely to take the form of a list of problems, potential problems, or areas for improvement. The findings of the assessment should be summarised and reviewed with all those who participated in the assessment. Often, such information sharing leads to further insight into the nature of the problem. This information not only makes the assessment more accurate, it is invaluable for managers at the point when they attempt to develop plans for improvement. Here are some guidelines for presenting and reviewing findings with the team:

Summarise findings, review with all those who participated and plan for improvements

- **Which activities were carried out well?** Manager should begin by reviewing what staff members did well. This reinforces good performance and establishes a constructive rapport.
- **Which activities need improvement?** Areas that need improvement should then be reviewed, providing as much specific information as possible. Some problems will be associated with quantitative data, others will be described in more qualitative terms.
- **Which problems can be easily corrected?** Some problems are easy to correct, have obvious solutions, and require little extra effort to do correctly. Managers should act quickly on these by exploring with staff ways that corrections can be made. Experience has shown that those changes will be more acceptable and more likely to be implemented if they are suggested by the staff. The manager should encourage staff to take the initiative to make the corrections. In these cases further analysis (Step 7) will not be necessary. The team can take immediate action for improvement.
- **Which problems should be treated as priorities?** Management assessment may identify more problems than a manager or management team can realistically solve. Managers and their staff should define the criteria they will use to decide where to take action. For example, they may choose to focus on problems that pose high risks to



patients or staff, or problems that occur frequently because of the number of people affected.

- **Which problems will be more difficult to correct?**

These problems may need to be analysed more formally by a problem-solving group or special study. The activities of the group would include in-depth problem analysis of the management process.

Step 7: Analyse the management process in more detail

Difficult problems require in-depth analysis, based on the experience and insight of all those involved in the process. This section presents 3 analytical techniques that can help teams work together to understand management problems and their causes. It is very important to find the root causes of the problem so that the action taken is a true solution rather than a superficial fix. Beginning with thorough analysis, the PHC team should be better able to develop a solution that is appropriate, effective, and acceptable to all those involved. This process might be done at the time of presentation of preliminary results, or during a separate meeting.

Find the root cause of the problem: Ask "why?" five times

- **Ask "why?" five times.** One simple technique for understanding problems better is to search for the root cause by asking "why" five times. Too often we focus on the first cause of a problem, trying to solve it before asking about other causes. Thus, deeper problems go undetected. While there is nothing magic about the number five, repeatedly asking why will lead the team to find a number of causes, some that can be addressed, others that cannot. Based on this thorough analysis of the situation, they are better able to decide where and how to take action.

For this technique to be effective curiosity is required. Participants must look at a familiar problem as if it were new, so that they may see it in all its complexity. It also requires openness; rather than accepting the familiar explanations, the team, and especially the manager, must be open to new ideas that will come from the group. A third important element is participation. All those who are involved in the process should be involved or represented



A fishbone diagram can help to decide principal causes of problem and the foci for management improvements.

in the analysis. Finally, listening during this process is very important. Participants will be more likely to share their thoughts if they are in a considerate, listening environment.

- **Fishbone diagram.** Another tool for the analysis of causes and the identification of root causes is a cause and effect diagram, commonly called a fishbone diagram. This method is useful because it organises information from a variety of sources, graphically representing the situation in a way that is easy to comprehend. Generally, the major categories of causes (such as human resources, equipment, facility and supplies, etc.) are listed on the major branches or "bones", and all the possible causes related to that category are listed there. The objective of the exercise is to look for the most likely root causes of the problem and to try to reach consensus about which causes of the problem should be the focus of a management improvement effort. An example of a fishbone diagram dealing with supervision is shown on the following page.
- **Process flow chart.** A process flow chart is another analytical tool that can provide a great deal of insight into the management process. The flow chart can be used to map out how a process is actually functioning. This helps the team to understand the process better and to find ways to streamline or improve it. Very often after making a flow chart of a "familiar" process, team members will comment that they hadn't really understood how the process was working until they charted it. The flow chart can also be used to map out the process as it should be. The following exhibit on page 34 is an example of a flow chart of the process for ordering drugs.

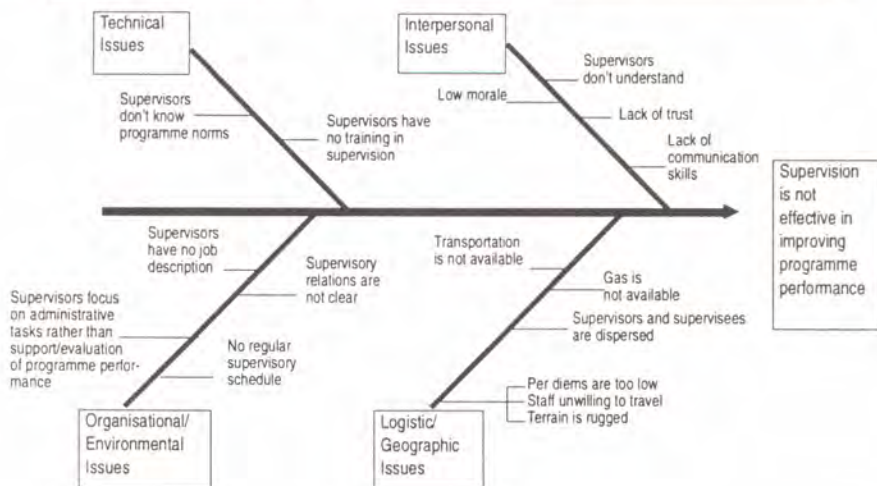
Step 8: Take action to improve management

Management assessment and analysis is not useful unless it is followed by action for improvement. Based on the findings of the assessment and subsequent analysis of causes, the team should be able to identify and implement ways to improve the quality of those tasks that are not done well.

The PHC MAP manager's guide on problem solving



Exhibit 6: Fishbone diagram



provides some guidelines and experiences that may be helpful. Also, the PRICOR Operations Research manuals describe procedures for designing and conducting studies to develop and test solutions to operational problems in PHC.¹

After action has been taken to solve a problem, it is important to confirm that it was implemented correctly and that it had the desired impact. At the time when a plan is made to take action, a plan to evaluate the effectiveness of that action should be developed. It may be a very simple check, carried out by the manager or a staff member, but it is an essential element in management improvement. If the problem has not been solved, further analysis will be needed to explore why, and a modified strategy for improvement should be developed. Once the problem is solved and the solution has become a standard part of programme operations, the PHC team can move on to another management problem in an effort to improve their programme continuously.

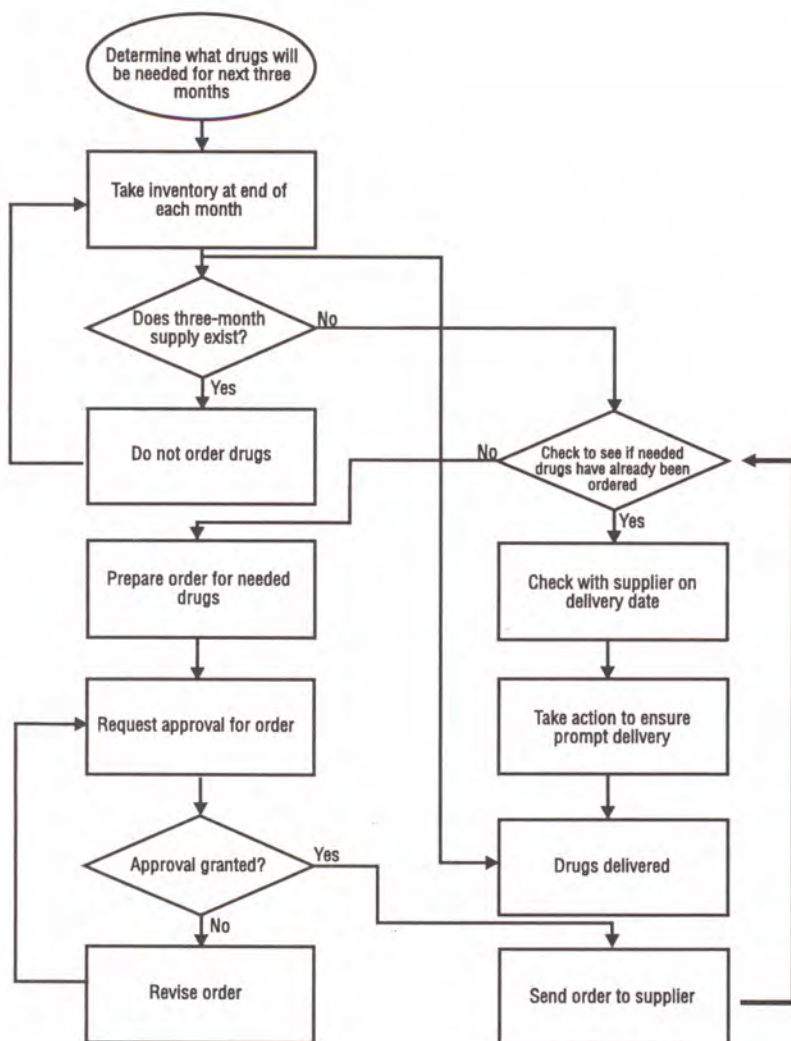
Make action plan to solve problem

Monitor and evaluate effectiveness of actions taken

¹ Blumenfeld, S., *Operations research methods: a general approach to primary health care*. PRICOR monograph series, methods paper 1. Bethesda, MD, Center for Human Services, 1991.



Exhibit 7: Flowchart: Ordering drugs



Appendix A:

Management assessment discussion guidelines

Planning, personnel, training, supervision, finances, logistics, information, and community organisation

Planning

"Health planning is the process of defining community health problems, identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals."¹

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These **discussion guidelines** are provided to help you to lead a group discussion about your planning system. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion.

Discussion

- What works well in the way we do planning?

Guidelines

- What aspects of the way we do planning do not work well?
- What is your mission? How well is it understood by staff, managers, donors, and community members?

1 McMahon R. et al. .



- What are the programme objectives?
- What kinds of information do you need to plan your activities? Is this information available to you?
- How well are your job description and assignments understood by staff?

Key questions

- Is there a written mission statement that describes the purpose and overall goals of the organisation?
- Does the programme plan directly address the overall programme mission?
- Are there specific objectives and programme(s) or activities for each goal?
- Are there clear referral policies for services not offered, secondary, and tertiary care?
- Do you have access to the basic information needed for programme planning?
- Is there an organisational chart or plan that clarifies the responsibilities of staff members and the relationships between them?
- Are there written technical norms for all services included in the programme?
- Does each staff member have a clear job description?
- Are work plans and staff assignments regularly reviewed and updated?



Personnel management

Personnel management includes activities that relate to recruiting, hiring and supporting staff, and defining the roles of each individual. It also refers to standard procedures related to compensation, benefits, and work schedules.

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These **discussion guidelines** are provided to help you to lead a group discussion about your personnel management system. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion.

Discussion

- What works well in the way we do personnel management?

Guidelines

- What aspects of the way we apply personnel management do not work well?
- Are staff members satisfied with their jobs and work environments? What are the sources of satisfaction? What are the sources of dissatisfaction?
- What personnel procedures and policies are in place in your programme? Are these policies fair? Do they contribute to the effectiveness of the programme?
- What areas need to be addressed through new or improved policies?
- Do the job descriptions of staff members adequately reflect their actual day-to-day activities?
- How do supervisors work with staff members to plan activities and improve performance? What other things could supervisors do to support staff members in this way?



Key questions

- Are there enough qualified staff members available? Do opportunities exist for promotion and professional development of staff?
- Does the system offer adequate job security to staff?
- Is there good communication between staff at different levels?
- Is communication between different departments good enough to co-ordinate and plan effectively?
- Is staff morale high?
- Does each staff member have a job description?
- Do job descriptions list all types of tasks that will be required of the staff member?
- Do staff members feel that their job descriptions are realistic?
- Do supervisors develop specific work plans with their staff at regular intervals?
- Do supervisors periodically review whether work assignments are completed?



Training

Training is the process of continually improving the knowledge, skills, and competencies of health workers.

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These **discussion guidelines** are provided to help you to lead a group discussion about your training system. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion.

Discussion

- What works well in the way we do training?

Guidelines

- What aspects of the way we do training do not work well?
- What kind of information do you use to plan or focus training?
- Do you use information about health worker knowledge, attitudes, and practices?
- Do you use information about community needs? Is this information available to you?
- What training methods are used? Are they used correctly? Are they effective? Is the content of the training appropriate for local norms?
- What resources are available to support training? What resources are needed?



Key questions

- Is programme specific information (from MIS or supervisor) about service quality used to plan or focus the training?
- Did the training include a pre-test of health worker knowledge and skills?
- Does training include a post-test of health worker knowledge and skills?
- Is there a follow-up assessment of training (about six months later) to assess the impact of the training?
- Are training topics explained clearly?
- Are training topics demonstrated?
- Do trainees receive written materials?
- Are health workers satisfied with the training they receive?
- Will training be followed up through the regular supervision system?
- Will trainee performance in new skill areas be monitored through MIS?
- Is the training content complete and accurate according to local norms?
- Are resources adequate?



Supervision

Supervision is the process of directing and supporting staff so that they may perform their duties effectively. Supervisors provide support, guidance, training, and assistance in the identification and solution of problems, so that service quality and effectiveness may continually improve.

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These **discussion guidelines** are provided to help you to lead a group discussion about your supervision system. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion.

Discussion

- What works well in the way we do supervision?

Guidelines

- What aspects of the way we do supervision do not work well?
- Describe your supervisory system? Who does it? How? Do staff and supervisors feel that supervision contributes to programme improvements?
- What kinds of activities are carried out by supervisors during supervisory visits?
- How does the supervisor assess the quality of the technical services delivered?
- How does the supervisor work with supervisees to identify and solve problems?
- Do supervisors have a good rapport with staff? Why or why not?
- Do supervisees feel free to discuss problems with their supervisors?
- How are supervisory activities recorded? Are supervisory records used for follow-up, problem solving, or to help you in planning?



Key questions

- Is there a plan or schedule for supervisory activities?

Do supervisors use the following methods during supervision:

- Observation of service delivery?
- Asking the service provider about what problems she/he has been having?
- Review of records, supplies, or the conditions of the facility?
- Do supervisors assess technical service quality through observation of service delivery or competency-based testing?
- Do supervisors make comments aimed at improving technical service quality?
- Do they make comments aimed at improving counselling or health education?
- Do they demonstrate any technical skills to the supervisee?
- Do they establish a good rapport with the supervisee?
- Do supervisors help their supervisees to organise and plan their work?
- Are supervisory records kept?



Financial management

Financial management includes management of and accountability for programme finances, budgeting for planned activities, and, in some programmes, cost-recovery or fund-raising.

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These **discussion guidelines** are provided to help you to lead a group discussion about your financial management system. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion.

Discussion

- What works well in the way we do financial management?

Guidelines

- What aspects of the way we do financial management do not work well?
- Are your financial records clear, easy to understand, and correct? How do you use the programme budget? How do budgeted and actual expenses compare?
- How are regular financial reports used and for what purposes?
- How do you take sustainability, equity, and growth into account in the financial planning process?



Key questions

- Does the chart of accounts meet the current needs of the programme?
- Are accounting records kept up to date and balanced monthly?
- Are the accounts legible?
- Are the calculations correct?
- Are all transactions entered in the ledger?
- Is there a programme budget?
- Are there established procedures for review and approval of budgets?
- Are the budgets used as a tool for evaluating performance on a planned versus actual costs basis?
- Are regular financial reports prepared?
- Does the administrator evaluate results by making annual comparison of "budget" to "actual" financial performance?
- Is sustainability considered in the financial planning process?
- Is equity considered in the financial planning process?
- Is growth considered in the financial planning process?



Logistics management

Logistic systems deal with the procurement, storage, and tracking of supplies and equipment.

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These **discussion guidelines** are provided to help you to lead a group discussion about your logistics system. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion.

Discussion

- What works well in the way we do logistics?

Guidelines

- What aspects of the way we do logistics do not work well?
- What procedures are in place for purchasing goods or services?
- Are these procedures followed? Are they effective?
- How are goods stored and monitored?
- What procedures are in place to determine what supplies are needed? Are these procedures followed? Are they effective?
- What is the procedure for assuring the maintenance of the cold chain? Are these procedures followed? Are they effective?
- What transportation is available for staff? Is it adequate?



Key questions

- Does the institution have its own established checklists and procedures for the procurement of goods and services?
- Before placing an order for goods and services, does the administrator review the order to ensure that the item(s) are needed?
- Are supplies ordered regularly according to the defined procedures?
- When procedures are followed, are supplies received on time?
- Does the facility or organisation have established reception procedures?
- Does the institution have established procedures for inventory control?
- Is the inventory maintained according to the defined procedures?
- Is the storage area protected (from water, dust, etc.)?
- Are equipment and supplies labelled clearly and organised in an accessible way?
- Is there a physical inventory taken to verify theoretical stock levels with actual physical counts?
- Does the staff have access to transportation?
- Is the fuel available adequate for field visits and other off-site activities?
- Is there a thermometer or cold chain monitor in the refrigerator?



Information management

An information system is organised around key indicators that measure a programme's progress toward its goals. It is a systematic way of collecting, reporting, and using data at all programme levels.

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These **discussion guidelines** are provided to help you to lead a group discussion about your management information/monitoring system. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion.

Discussion

- What works well in the way we do information management?

Guidelines

- What aspects of the way we do information management do not work well?
- What kind of information do you routinely collect? Is this information useful? How do you use it?
- What kind of information do you give to your supervisor or manager? Does the supervisor use the information collected?
- Are your information needs met by the current system? What kind of information would you like to have that is not collected at present? Of the information you collect now, what would you eliminate (discuss the types of information that you don't use)?



Key questions

- Is there a list of indicators to be monitored at the district-level?
- Is there a list of indicators to be monitored at the health centre-level?

Do these lists include indicators of

- Resource availability?
- Access?
- Utilisation?
- Coverage?
- Service quality?
- Outcome?
- Have information sources been identified for each indicator?
- Has the frequency of collection/compilation been established for each indicator?
- Has an analysis procedure for each indicator been established (including thresholds or standards)?
- Have mechanisms for interpreting and discussing results been established?
- Do managers prepare and transmit reports of monitoring results to the appropriate level in a timely manner?
- Do managers utilise information to identify areas for improvement of district-wide and local problems and strengths for specific interventions?



Community organisation

Community organisation is the involvement of the community in the design, planning, promotion, or delivery of health enhancing activities.

Introduction: Welcome the group and briefly give the purpose of the discussion.

Ground rules: Explain the following ground rules to the group:

Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so that all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These **discussion guidelines** are provided to help you to lead a group discussion about community organisation. You may also refer to the detailed version of the management checklists (Appendix B) as a resource for the discussion. ☆

Discussion

- What works well in the way we do community organisation?

Guidelines

- What aspects of the way we do community organisation do not work well?
- Describe the communities served by the programme. What ethnic groups are represented? What are their health needs? Describe the role of women. What are the implications for health? What are the needs of socially disadvantaged groups?
- In what ways does the health committee or community organisation support the health centre and its activities?
- Is the community organisation strong and active? How do you know this?
- What kinds of activities are carried out by the community in support of the health activities? Do community members provide leadership in the health area?



Key questions

- Is there a health committee or community organisation affiliated with the health centre?
- Does the community organisation meet regularly?
- Are meetings led by a member of the community?
- Are leaders chosen by the community?
- Are decisions made in a way that is satisfactory to group members?
- Are women involved in community organisation ?
- Does the community organisation have a good rapport with local officials?
- Are disadvantaged groups adequately represented?
- List under-represented groups
- Are the needs of socially or economically disadvantaged groups addressed by the health committee or community organisation?
- Has the group undertaken activities in the past year?
- Are the activities clearly visible in the community?
- Does the community help to implement activities?
- Does the community play a leadership role in health activities?
- Does the community effort receive adequate technical assistance from local, district, and outside agencies?



Appendix B:

Management assessment checklists

Planning, personnel, training, supervision, finances, logistics,
information, community organisation

Planning

"Health planning is the process of defining community health problems, identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals."¹

This checklist is intended for use in the assessment of planning activities. Its objective is to help managers to enhance the quality of their programmes by identifying and resolving problems in the planning area. It can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or a review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks; in such cases, the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklist can be used as a basis for an open-ended interview or group assessment.

- | | |
|----------|---------------------|
| 1. _____ | Health facility |
| 2. _____ | Service provider |
| 3. _____ | Observer/Supervisor |
| 4. _____ | Date |

Mission statement

A mission statement describes the purposes and overall goals of an organisation. These questions will help you to determine whether the mission is clearly defined and understood by programme staff, the community, and donors.

- | | |
|---------------------|---|
| 5. YES ____ NO ____ | Is there a written mission statement? |
| 6. YES ____ NO ____ | Does the mission statement include a clear primary care strategy? |

1 On being in charge, WHO 1992.



- | | | | | |
|---------|--------------------------|----|--------------------------|---|
| 7. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Is the mission statement understood by the health centre staff? |
| 8. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Is the mission statement understood by the community? |
| 9. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Is the mission statement understood by health centre management? |
| 10. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Is the mission statement understood by the board? |
| 11. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Is the mission statement understood by the donors? |
| 12. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Does the programme plan directly address the overall programme mission? |

Programme objectives

Objectives are the specific results that are expected from a programme or activity. These questions will help you determine whether the objectives are defined adequately for the purpose of planning.

- | | | | | |
|---------|--------------------------|----|--------------------------|--|
| 13. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Is the geographic area to be served clearly defined? |
| 14. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are the age groups to be served clearly defined? |
| 15. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are high-risk groups to be served specified? |
| 16. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are the services offered specified? |
| 17. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are there explicit programme objectives? |
| 18. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Did the community play a role in setting goals and objectives? |
| 19. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are the objectives reviewed and revised on a regular basis? |
| 20. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Do government programmes and/or donors understand and agree with the goals and objectives? |
| 21. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are coverage objectives for each service stated and quantified? |
| 22. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are coverage objectives understood by staff? |
| 23. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are objectives for service quality stated and quantified? |
| 24. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are service quality objectives understood by staff? |
| 25. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are objectives for improvements in knowledge in specific PHC areas stated and quantified? |
| 26. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are objectives for improvements in knowledge understood by staff? |
| 27. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are objectives for behaviour change in specific PHC areas stated and quantified? |
| 28. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are behaviour change objectives understood by staff? |
| 29. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are objectives for health status improvement stated and quantified? |
| 30. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are health status objectives understood by staff? |
| 31. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Does the programme include integration of PHC service delivery? |
| 32. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Are programme staff aware of other PHC services offered in the area? |
| 33. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Does the programme avoid duplication of activities through communication or collaboration with these services? |



34. YES ___ NO ___ Are there clear referral policies for services not offered, both secondary, and tertiary?
35. YES ___ NO ___ Is there a clear policy about community involvement?
36. YES ___ NO ___ Is programme evaluation included in the plan?

Information needed for programme planning

The following questions will help you to assess whether the programme has access to the basic information needed for programme planning.

37. YES ___ NO ___ Do you know how many people overall are to be served through the programme?
38. YES ___ NO ___ Do you have a map of the service area?
39. YES ___ NO ___ Do you have a breakdown of the age and sex of the population?
40. YES ___ NO ___ Do you have current information about the health status of the population (birth rate, IMR, CMR, MMR, and causes of death)?
41. YES ___ NO ___ Do you have current information about the priority health needs of the population?
42. YES ___ NO ___ Do you have information about the economic status of the population?
43. YES ___ NO ___ Do you have information about the educational level of the population (literacy, what languages are spoken)?
44. YES ___ NO ___ Do you have information about the ethnic composition of the area?
45. YES ___ NO ___ Do you have information about key health practices for the ethnic groups served by your programme?
46. YES ___ NO ___ Do you know current levels of coverage for specific services?

Programme planning

The following questions will help you to assess whether the organisational structure, schedule, and planning activities are adequate.

Organisational structure

47. YES ___ NO ___ Is there an organisational chart or plan that clarifies the responsibilities of staff members and the relationships between them?
48. YES ___ NO ___ Are there written technical norms for all services included in the programme?



49. YES ___ NO ___ Are service delivery strategies for each service made explicit i.e. through clinic sessions, household visits, mobile units?
50. YES ___ NO ___ Is there an explicit strategy for educational activities?

Scheduling

51. YES ___ NO ___ Is there a regular schedule of clinical sessions at the health facility?
52. YES ___ NO ___ Is there a regular schedule for clinical outreach activities?
53. YES ___ NO ___ Is there a regular schedule for household visits?
54. YES ___ NO ___ Is there a regular schedule for educational sessions at the health centre?
55. YES ___ NO ___ Is there a regular schedule for community outreach education?

Other management activities

56. YES ___ NO ___ Is there a plan for providing training?
57. YES ___ NO ___ Is there a supervision plan?
58. YES ___ NO ___ Is there a system for procurement, storage, and transport of supplies (logistics)?
59. YES ___ NO ___ Does the plan include a management information system that monitors service delivery and management activities?
60. YES ___ NO ___ Is there a financial monitoring system?
61. YES ___ NO ___ Is there a budget for the activities planned for the year?
62. YES ___ NO ___ Is funding adequate for the activities planned in the coming year?
63. YES ___ NO ___ Is there a long-term funding strategy?

Work planning for individual staff members

The following questions will help you determine if staff members clearly understand their responsibilities.

64. YES ___ NO ___ Does each staff member have a job description?
65. YES ___ NO ___ Do staff members regularly receive specific staff assignments in major task areas?
66. YES ___ NO ___ Do staff members understand how their assignments are related to programme mission and objectives?
67. YES ___ NO ___ Are work plans and staff assignments regularly reviewed and updated?



Personnel management

Personnel management includes activities which relate to recruiting, hiring and supporting staff, and defining the roles of the individual. It also refers to standard procedures related to compensation, benefits, and work schedules.

This checklist is intended for use in the assessment of personnel management. Its objective is to help managers enhance the quality of their programmes by identifying and resolving problems in the personnel management area. It can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or a review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks; in such cases, the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklist can be used as a basis for an open-ended interview or group assessment.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/Supervisor
4. _____ Date

Personnel essentials

The following questions address some essential personnel management issues that reflect the quality of the personnel management system.

5. YES ____ NO ____ Are there enough qualified staff members available?
6. YES ____ NO ____ Do opportunities exist for promotion and professional development of staff members?
7. YES ____ NO ____ Does the system offer adequate job security to staff members?
8. YES ____ NO ____ Are salaries and benefits adequate to attract competent well-trained staff members?
9. YES ____ NO ____ Are salaries and benefits adequate to retain competent and well-trained staff members?
10. YES ____ NO ____ Do staff regularly receive their salary on the days when they expect it?
11. YES ____ NO ____ Is staff turnover at an acceptable level (one which does not hamper the implementation of planned activities)?
12. YES ____ NO ____ Do staff members meet or exceed performance expectation?



13. YES ☐ NO ☐ Are staff members well-informed about the overall programme plans and objectives?
14. YES ☐ NO ☐ Is there good communication between staff members at different levels?
15. YES ☐ NO ☐ Is communication between different departments enough to co-ordinate and plan effectively?
16. YES ☐ NO ☐ Is there a good rapport between staff members and clients or community members?
17. YES ☐ NO ☐ Is staff morale high?
18. YES ☐ NO ☐ Do staff members like their jobs?

Policies and procedures

The questions below will help you to identify personnel policies and procedures that need attention.

Do written policies exist for:

19. YES ☐ NO ☐ Hours of work?
20. YES ☐ NO ☐ Vacation and holidays?
21. YES ☐ NO ☐ Overtime?
22. YES ☐ NO ☐ Benefits?
23. YES ☐ NO ☐ Salaries and raises?

Are clear procedures followed for:

24. YES ☐ NO ☐ Recruiting staff?
25. YES ☐ NO ☐ Selecting staff?
26. YES ☐ NO ☐ Hiring staff?
27. YES ☐ NO ☐ Promoting staff?
28. YES ☐ NO ☐ Disciplining staff?
29. YES ☐ NO ☐ Firing staff?
30. YES ☐ NO ☐ Filing a grievance?
31. YES ☐ NO ☐ Are personnel actions and reviews documented?
32. YES ☐ NO ☐ Are records consulted and used for management?

Job descriptions

The following questions will help managers and staff members assess the adequacy of their job descriptions.

33. YES ☐ NO ☐ Does each staff member have a job description?
34. YES ☐ NO ☐ Do job descriptions list all types of tasks that will be required of the staff member?
35. YES ☐ NO ☐ Does each job description list the training, knowledge, and skills required to carry out the job?
36. YES ☐ NO ☐ Do job descriptions include checklists about what proportion of time should be spent on each type of task?



37. YES ☐ NO ☐ Do managers respect the boundaries established by job descriptions? Do they refrain from asking their subordinates to perform activities that are not part of their job descriptions?
38. YES ☐ NO ☐ Do managers offer opportunities for professional development to their supervisees?
39. YES ☐ NO ☐ Are job descriptions revised as roles change?
40. YES ☐ NO ☐ Do staff members feel that their job descriptions are clear and complete?
41. YES ☐ NO ☐ Do staff members feel that their job descriptions are realistic?
42. YES ☐ NO ☐ Are staff members actively involved in defining roles and responsibilities?

Work planning and performance assessment

In addition to having clear job descriptions, health workers should schedule activities or plan work on a periodic basis. This area overlaps, to some extent, with supervision. The questions below deal with the organisation, structure, regularity, and definition of the activity. Specifics about methods are included in the PHC MAP checklists on supervision.

43. YES ☐ NO ☐ Do all staff members have an immediate supervisor?
44. YES ☐ NO ☐ Do all staff members know who their immediate supervisor is?
45. YES ☐ NO ☐ Do supervisors develop specific work plans with their staff at regular intervals?
46. YES ☐ NO ☐ Do supervisors periodically review whether work assignments are completed?
47. YES ☐ NO ☐ Do supervisors assess performance quality on a regular basis?
48. YES ☐ NO ☐ Do supervisors help staff members to set, review, and revise priorities?
49. YES ☐ NO ☐ Do supervisors regularly review the training needs of staff members?
50. YES ☐ NO ☐ Do supervisors take constructive action to improve performance?
51. YES ☐ NO ☐ Are supervisors and staff members satisfied with the level of responsibility they have?
52. YES ☐ NO ☐ Are supervisors and staff members satisfied with the authority (decision-making ability) they have?



Training

Training is the process of continually improving the knowledge, skills, and competencies of health workers.

This checklist is intended for use in the assessment of training activities. Its objective is to help managers enhance the quality of their programmes by identifying and resolving problems in the training area. It can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or a review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks; in such cases, the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklist can be used as a basis for an open-ended interview or group assessment.

- | | |
|----------|---------------------|
| 1. _____ | Health facility |
| 2. _____ | Service provider |
| 3. _____ | Observer/supervisor |
| 4. _____ | Date |

Training plan

The following questions will help you assess whether the training plan is adequate.

- | | |
|-------------------|---|
| 5. YES ___ NO ___ | Is there a plan for training activities? |
| 6. YES ___ NO ___ | Is programme-specific information (from MIS or supervision) about service quality used to plan or focus the training? |
| 7. YES ___ NO ___ | Do health workers participate in at least one training or refresher course every year (or two years)? |

Training methods

A variety of training methods must be employed for effective training. These questions will help you assess whether the training methods used are adequate.

- | | |
|--------------------|--|
| 8. YES ___ NO ___ | Did the training include a pre-test of health worker knowledge and skills? |
| 9. YES ___ NO ___ | Did the training address gaps identified in the pre-test? |
| 10. YES ___ NO ___ | Does training include a post-test of health worker knowledge and skills? |



11. YES ___ NO ___ Are measures taken to address the gaps identified in the post-test, if necessary measures might include refresher course, individual attention, or intensive supervision?
12. YES ___ NO ___ Is there a follow-up assessment of training (about six months later) to assess the impact of the training?
13. YES ___ NO ___ Are training topics clearly explained?
14. YES ___ NO ___ Are training topics demonstrated?
15. YES ___ NO ___ Do participants have an opportunity to put new knowledge and skills into practice during training?
16. YES ___ NO ___ Is adequate time given to discussion and questions from participants?
17. YES ___ NO ___ Do trainees receive written materials?
18. YES ___ NO ___ Do trainees find the written materials they receive useful?
19. YES ___ NO ___ Do trainees have an opportunity to evaluate the training?
20. YES ___ NO ___ Are health workers satisfied with the training they receive?
21. YES ___ NO ___ Does training include a variety of methods?
22. YES ___ NO ___ Will training be followed up through the regular supervision system?
23. YES ___ NO ___ Will trainee performance in new skill areas be monitored through MIS?

Training content

The following questions will help you assess the adequacy of the training content.

24. YES ___ NO ___ Is the training content complete according to local norms?
25. YES ___ NO ___ According to local norms, is the training content correct?
26. YES ___ NO ___ Is the material presented appropriate to the skills, educational levels, and abilities of the trainees?

Are staff members adequately trained in the following areas:

27. YES ___ NO ___ Household visits
28. YES ___ NO ___ Antenatal care
29. YES ___ NO ___ Delivery
30. YES ___ NO ___ Postnatal care
31. YES ___ NO ___ Child spacing
32. YES ___ NO ___ Immunization
33. YES ___ NO ___ Growth monitoring
34. YES ___ NO ___ Oral rehydration therapy
35. YES ___ NO ___ Acute respiratory infection
36. YES ___ NO ___ Malaria



37. YES ___ NO ___ Tuberculosis
 38. YES ___ NO ___ Curative care
 39. YES ___ NO ___ Water and sanitation
 40. YES ___ NO ___ Planning
 41. YES ___ NO ___ Training
 42. YES ___ NO ___ Community organisation
 43. YES ___ NO ___ Logistics
 44. YES ___ NO ___ Financial management
 45. YES ___ NO ___ MIS
 46. YES ___ NO ___ Personnel Management
 47. YES ___ NO ___ Is training for health workers adequate?
 48. YES ___ NO ___ Is training for community health workers adequate?
 49. YES ___ NO ___ Is training for supervisors and managers adequate?
 50. YES ___ NO ___ Is training/orientation of health committee members adequate?

Resources

Good training requires the availability of resources to support the training, such as space, audio-visual materials, books, etc. These questions will help you to assess the adequacy of the available resources for training.

51. YES ___ NO ___ Is there a space adequate for training activities available to staff?
 52. YES ___ NO ___ Are there audio-visual aids (blackboard, flip charts, or slide projector)?
 53. YES ___ NO ___ Are there reference materials available to trainers?
 54. YES ___ NO ___ Are there reference materials available to trainees?

Training manuals

55. YES ___ NO ___ Is there an adequate supply of training manuals?
 56. YES ___ NO ___ According to local norms, is the material in the training manual complete?
 57. YES ___ NO ___ According to local norms, is the material in the training manual correct?
 58. YES ___ NO ___ Is the material in the training manual appropriate for the type of health worker being trained?

Take home materials

59. YES ___ NO ___ Is there an adequate supply of take-home materials for trainees?
 60. YES ___ NO ___ According to local norms, are the take-home materials complete?
 61. YES ___ NO ___ According to local norms, are the take-home materials correct?
 62. YES ___ NO ___ Are the take home materials appropriate for the type of health worker being trained?



Supervision

Supervision is the process of directing and supporting staff members so that they may effectively perform their duties. Supervisors provide leadership, support, guidance, training, and assistance in the identification and solution of problems, so that service quality and effectiveness may continually improve.

This checklist is intended for use in the assessment of supervision activities. Its objective is to help managers enhance the quality of their programmes by identifying and resolving problems in the supervision area. It can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or a review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks; in such cases, the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklist can be used as a basis for an open-ended interview or group assessment.

- | | |
|----------|---------------------|
| 1. _____ | Health facility |
| 2. _____ | Service provider |
| 3. _____ | Observer/Supervisor |
| 4. _____ | Date |

Supervisory schedule

The following questions will help you assess whether the supervisory schedule is adequate.

- | | |
|--------------------|--|
| 5. YES ___ NO ___ | Is there a plan or schedule for supervisory activities? |
| 6. YES ___ NO ___ | Are there written checklists or protocols for supervision? |
| 7. YES ___ NO ___ | Do supervisees meet with their supervisors at least every ___ (no. of months or weeks per local policy)? |
| 8. YES ___ NO ___ | Does the supervisor have staff meetings every ___ months/weeks? |
| 9. YES ___ NO ___ | When supervisory activities are cancelled, are they re-scheduled? |
| 10. YES ___ NO ___ | Are supervision schedules (and schedule changes) communicated to health workers? |

Supervisory methods

Good supervision encompasses a variety of methods. These questions will allow you to determine which methods the supervisor is using, and will help you to assess the quality of supervision.



Do supervisors use the following methods during supervision?

11. YES ___ NO ___ Observation of service delivery?
12. YES ___ NO ___ Observation of counselling or an outreach health education session?
13. YES ___ NO ___ Asking the service provider about what problems she/he has been having?
14. YES ___ NO ___ Team approach to problem identification and solution?
15. YES ___ NO ___ Review of records, supplies, or the conditions of the facility?
16. YES ___ NO ___ Community-level assessment of the outcomes or impacts of interventions?

Do the following areas receive adequate attention during supervision?

17. YES ___ NO ___ Household visit
18. YES ___ NO ___ Antenatal care
19. YES ___ NO ___ Delivery
20. YES ___ NO ___ Postnatal care
21. YES ___ NO ___ Child spacing
22. YES ___ NO ___ Immunization
23. YES ___ NO ___ Growth monitoring
24. YES ___ NO ___ Oral rehydration therapy
25. YES ___ NO ___ Acute respiratory infection
26. YES ___ NO ___ Malaria
27. YES ___ NO ___ Planning
28. YES ___ NO ___ Training
29. YES ___ NO ___ Community organisation
30. YES ___ NO ___ Logistics management
31. YES ___ NO ___ Financial management
32. YES ___ NO ___ MIS
33. YES ___ NO ___ Personnel management
34. YES ___ NO ___ Tuberculosis
35. YES ___ NO ___ Water and sanitation
36. YES ___ NO ___ Curative care
37. YES ___ NO ___ Are health workers given adequate support through supervision?
38. YES ___ NO ___ Are community health workers given adequate support through supervision?
39. YES ___ NO ___ Is the health committee or other community organisation given adequate support through the supervisory system?
40. YES ___ NO ___ Is the community participating in the supervisory system to the extent appropriate?
41. YES ___ NO ___ Are supervisors receiving adequate support from higher-level managers?



Supervision of technical service quality

These questions will help you assess whether the supervisors are supervising the quality of the services being provided.

42. YES ___ NO ___ Do supervisors assess technical service quality through observation of service delivery or competency-based testing?
43. YES ___ NO ___ Do supervisors make comments aimed at improving technical service quality?
44. YES ___ NO ___ Do they make comments aimed at improving counselling or health education?
45. YES ___ NO ___ Do they demonstrate any technical skills to the supervisee?
46. YES ___ NO ___ Do they verify that written protocols are available to the supervisee?

Supervisory style

These questions will help you assess the supervisory style of the supervisor.

47. YES ___ NO ___ Do supervisors allow the supervisee adequate time to talk about problems he or she has experienced?
48. YES ___ NO ___ Do they refrain from criticising the service provider in front of patients?
49. YES ___ NO ___ Do they establish a good rapport with the supervisee?
50. YES ___ NO ___ Do they establish a good rapport with clients or community members?
51. YES ___ NO ___ Do they praise good performance?

Work planning and problem solving

One role of the supervisor is to assist the supervisee plan his/her work and solve problems. These questions will help you assess the degree to which the supervisor fulfils this role.

52. YES ___ NO ___ Do supervisors help their supervisees to organise and plan their work?
53. YES ___ NO ___ Do supervisors help service providers to identify problems?
54. YES ___ NO ___ When problems are identified, do supervisors make recommendations or take action?
55. YES ___ NO ___ Do supervisees feel free to discuss problems with the supervisor?
56. YES ___ NO ___ Do supervisors make recommendations, respond, or take action on the problems or issues raised by the supervisee?



Supervisory records

Recording the supervisory visit is essential to ensure consistency and follow-up. The following questions will help you assess whether adequate records are being kept.

- 57. YES ☐ NO ☐ Are supervisory records kept?
- 58. YES ☐ NO ☐ Are identified problems recorded?
- 59. YES ☐ NO ☐ Are actions taken recorded?
- 60. YES ☐ NO ☐ Are records used for follow-up?
- 61. YES ☐ NO ☐ Are records used to plan other activities, such as training?
- 62. YES ☐ NO ☐ Are follow-up activities recorded?



Financial management

Financial management includes management of and accountability for programme finances, budgeting for planned activities, and, in some programmes, cost-recovery or fund-raising.

This checklist is intended for use in the assessment of financial management activities. Its objective is to help managers enhance the quality of their programmes by identifying and resolving problems in the financial management area. It can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or a review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks; in such cases, the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklist can be used as a basis for an open-ended interview or group assessment.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/Supervisor
4. _____ Date

General accounting

The fiscal health of a programme/facility relies on well kept, accurate accounting books. These questions will help you determine if a basic accounting system is in place.

5. YES ___ NO ___ Is a chart of accounts used?
6. YES ___ NO ___ Does the chart of accounts meet the current needs of the programme?
7. YES ___ NO ___ Are accounting records kept up to date and balanced monthly?
8. YES ___ NO ___ Is someone responsible for daily transactions and entries?
9. YES ___ NO ___ Are the accounts legible?
10. YES ___ NO ___ Are the calculations correct?
11. YES ___ NO ___ Are all transactions entered in the ledger?

Cash disbursements

Disbursements are monies paid out of the programme/facility account. These questions will help you assess the adequacy of the disbursement procedures.

12. YES ___ NO ___ Are all disbursements made by cheque?



13. YES ☐ NO ☐ Are pre-numbered checks used so that missing cheques can be accounted for?
14. YES ☐ NO ☐ Do the signatories sign cheques only after they are properly completed and justified with supporting documentation?
15. YES ☐ NO ☐ Does the administrator approve and cancel the documentation in support of all disbursements?
16. YES ☐ NO ☐ Are all voided cheques retained and accounted for?
17. YES ☐ NO ☐ Does the administrator review the bank reconciliation?
18. YES ☐ NO ☐ Are vouchers prepared for all disbursements?

Accounts payable and purchases

These questions will help you assess the adequacy of purchasing procedures.

19. YES ☐ NO ☐ Does someone other than the bookkeeper always do the purchasing?
20. YES ☐ NO ☐ Are suppliers' invoices regularly compared with recorded liabilities?
21. YES ☐ NO ☐ Are vouchers always prepared and approved before payment?
22. YES ☐ NO ☐ Are purchase orders always approved before they are sent to suppliers?

Payroll

These questions will help you assess whether adequate payroll procedures are used.

23. YES ☐ NO ☐ Are employees required to account for the hours they worked?
24. YES ☐ NO ☐ What do you receive as supporting documentation to calculate employee salaries?
25. YES ☐ NO ☐ Do employees sign a "pay slip" to indicate receipt of payment (if payment is not a cheque)?

Petty cash

Petty cash can be the most difficult monies to control. These questions will help you to assess whether the established procedures are being followed in the use of petty cash.

26. YES ☐ NO ☐ Is the petty cash box locked at all times?
27. YES ☐ NO ☐ Are arrangements made for access to the cash box during the custodian's absence (for lunch etc.)?
28. YES ☐ NO ☐ Is the fund checked by surprise counts made by another employee independent of the custodian?
29. YES ☐ NO ☐ Has a maximum figure for individual payments from the fund been established?



30. YES ☐ NO ☐ Are vouchers and supporting documents checked at the time of reimbursement by a responsible employee?
31. YES ☐ NO ☐ Does the custodian verify the amount of the fund?
32. YES ☐ NO ☐ Are vouchers voided so as to preclude their reuse ?
33. YES ☐ NO ☐ Are the amounts of the vouchers spelled out in words as well as written in numerals?
34. YES ☐ NO ☐ Are Petty Cash receipts pre-numbered?
35. YES ☐ NO ☐ When replenishing petty cash, does custodian fill out a written request and attach all supporting documents to this request?
36. YES ☐ NO ☐ Does person authorising replenishment verify that all disbursements have been properly justified before granting the request?

Receipts

These question will help you to assess whether receipts are adequately handled and documented.

37. YES ☐ NO ☐ Are funds received deposited in a separate bank account (not co-mingled with other accounts)?
38. YES ☐ NO ☐ Recorded on a cumulative basis?

Financial planning and management

A budget is an essential tool for programme management. These questions will help you assess whether the budget is being used properly in programme management.

38. YES ☐ NO ☐ Is there a programme budget?
39. YES ☐ NO ☐ Did the staff participate in the development of budgets?
40. YES ☐ NO ☐ Are there established procedures for review and approval of budgets?
41. YES ☐ NO ☐ Was the budget reviewed and approved by senior management and donors?
42. YES ☐ NO ☐ Does the budget reflect the goals and objectives of the programme?
43. YES ☐ NO ☐ Are the budgets used as a tool for evaluating performance on a planned versus actual costs basis?

Does the current budget include adequate funding for:

44. YES ☐ NO ☐ Staff wages and benefits?
45. YES ☐ NO ☐ Supplies?
46. YES ☐ NO ☐ Equipment?
47. YES ☐ NO ☐ Transportation?
48. YES ☐ NO ☐ Other?
49. YES ☐ NO ☐ Are monthly financial reports prepared?



50. YES ☐ NO ☐ Does the administrator review monthly financial reports?
51. YES ☐ NO ☐ Do monthly reports show budgetary expenditures, encumbrances, and availability by category of expense?
52. YES ☐ NO ☐ Does the administrator prepare budgets and standards to aid in planning?
53. YES ☐ NO ☐ Does the administrator evaluate results by making annual comparison of "budget" to "actual" financial performance?
54. YES ☐ NO ☐ Does the administrator ensure that receipt and expenditure of funds is properly identified on a cumulative basis?

Sources and adequacy of funding

These questions will help you assess the sources of funding, reliability, and adequacy.

55. YES ☐ NO ☐ Does the programme receive funds from the community (fees or contributions)?
56. YES ☐ NO ☐ Does the programme receive funds from the government?
57. YES ☐ NO ☐ Does the programme receive funds from international donors?
58. YES ☐ NO ☐ Does the programme receive funds from other sources?
59. YES ☐ NO ☐ Is funding adequate for the next year of operation?
60. YES ☐ NO ☐ Is funding adequate for the next three years of operation?
61. YES ☐ NO ☐ Is the funding source or mix of sources reliable?
62. YES ☐ NO ☐ Is sustainability considered in the financial planning process?
63. YES ☐ NO ☐ Is equity considered in the financial planning process?
64. YES ☐ NO ☐ Is growth considered in the financial planning process?



Logistics management

Logistic systems deal with the procurement, storage, and tracking of supplies and equipment.

This checklist is intended for use in the assessment of programme logistics. Its objective is to help managers enhance the quality of their programmes by identifying and resolving problems in the logistics area. It can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks; in such cases, the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklist can be used as a basis for an open-ended interview or group assessment.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/Supervisor
4. _____ Date

Procurement

These questions will help you to assess the adequacy of the procurement system and its operations.

5. YES ____ NO ____ Does the institution have its own established checklists and procedures for the procurement of goods and services?
6. YES ____ NO ____ Is someone responsible for initiating procurement requests within the institution?
7. YES ____ NO ____ Is a standardised procurement request form used?
8. YES ____ NO ____ Is there a clear policy about who can authorise requests?
9. YES ____ NO ____ When items are purchased, are multiple cost estimates sought from potential suppliers?
10. YES ____ NO ____ Has the person who makes the decision received training in accordance with established policies for cost analysis and selection criteria?
11. YES ____ NO ____ Is verification obtained from the accounting department to ensure that sufficient funds are available in the budget prior to each procurement?
12. YES ____ NO ____ Before placing an order for goods or services, does the administrator review the order to ensure that the item(s) are needed?



13. YES ___ NO ___ For large procurements, is additional support and attention given to the procurement planning process employed?
14. YES ___ NO ___ Are supplies regularly ordered according to the defined procedures?
15. YES ___ NO ___ When procedures are followed, are supplies received on time?

Reception of materials

These questions will help to assess the adequacy of the reception of equipment and supplies.

16. YES ___ NO ___ Does the facility or organisation have established reception procedures?
17. YES ___ NO ___ Is someone responsible for receipt of materials?
18. YES ___ NO ___ Is there a standardised form for reporting reception of materials?
19. YES ___ NO ___ Is the reception report reviewed by manager(s)?
20. YES ___ NO ___ Are received goods inspected for defects?
21. YES ___ NO ___ Are received goods compared against purchase orders to be sure that the order has been filled correctly (quantity and items requested)?
22. YES ___ NO ___ Are equipment and supplies recorded in stock records immediately after completion of reception procedures?
23. YES ___ NO ___ Are reception procedures carried out?

Inventory control

These questions will help you to assess the adequacy of the inventory control system for equipment and supplies.

24. YES ___ NO ___ Does the institution have established procedures for inventory control?
25. YES ___ NO ___ Is the inventory maintained according to the defined procedures?
26. YES ___ NO ___ Is the size of the storage area adequate?
27. YES ___ NO ___ Is the storage area protected (from water, dust, etc.)?
28. YES ___ NO ___ Are equipment and supplies labelled clearly and organised in an accessible way?
29. YES ___ NO ___ Is it possible to lock the storage area?

Supplies

30. YES ___ NO ___ Is there a clerk responsible for tracking supplies?
31. YES ___ NO ___ Are stock records (cards or register) maintained for all items in stock?



32. YES ___ NO ___ Are records updated after each transaction to reflect accurately stock levels for a particular item at any given point in time?
33. YES ___ NO ___ Are there established procedures for reordering stock items?
34. YES ___ NO ___ Is a physical inventory taken to verify theoretical stock levels with actual physical counts?
35. YES ___ NO ___ Is such an inventory carried out at least every ___ (weeks or months)?
36. YES ___ NO ___ Is there a supervisor on hand to observe the counting and ensure that the inventory is carried out properly?
37. YES ___ NO ___ Does a second person count supplies to ensure that the count was accurate?
38. YES ___ NO ___ Are expiration dates of medicines checked during the inventory?

Equipment

39. YES ___ NO ___ Is there a permanent property record for all equipment?
If yes, does the record include:
40. YES ___ NO ___ Date of acquisition?
41. YES ___ NO ___ Serial number (if any)?
42. YES ___ NO ___ Name and address of the vendor?
43. YES ___ NO ___ Amount paid for the property?
44. YES ___ NO ___ Location of the property?
45. YES ___ NO ___ Actual condition?
46. YES ___ NO ___ An inventory control number?
47. YES ___ NO ___ Are there established procedures for the assignment of equipment?
48. YES ___ NO ___ Does the organisation carry out an annual physical inventory of equipment?
49. YES ___ NO ___ If yes, was an inventory completed during the past year?
50. YES ___ NO ___ Are results of the inventory compared with the property records for verification?
51. YES ___ NO ___ At the time of the inventory is equipment reviewed to assure that it is in good condition and that the technology is up-to-date (where appropriate)?
52. YES ___ NO ___ Are there established procedures for lost, damaged, or stolen property?
53. YES ___ NO ___ Are there established procedures for the disposal of property?
54. YES ___ NO ___ Are there established procedures for the transfer of property within the organisation?



Stock issue

These questions will help you to assess the adequacy of the system for issuing supplies.

55. YES ___ NO ___ Is there a standard request form to be filled out before items can be released from inventory?
56. YES ___ NO ___ Is there an authorisation procedure in place?
57. YES ___ NO ___ Are disbursements of supplies recorded in inventory records at the time of transaction?
58. YES ___ NO ___ Is a receipt prepared at the time the material leaves the storeroom?
59. YES ___ NO ___ Does the recipient of the materials sign for them?
60. YES ___ NO ___ Is health centre staff satisfied with the performance of suppliers?
61. YES ___ NO ___ Is health centre staff satisfied with the performance of the personnel responsible for procurement, inventory management, and disbursement?

Transportation

If the programme includes community outreach or community based service delivery, or if satellite health posts are part of the programme, an appropriate transportation system should be in place. These questions will help you to assess the management of transportation resources.

62. YES ___ NO ___ Does the staff have access to transportation?
63. YES ___ NO ___ Is the fuel available adequate for field visits and other off-site activities?
64. YES ___ NO ___ Is there a schedule or appointment book kept for health centre vehicles?
65. YES ___ NO ___ Is there a maintenance schedule for vehicles?
66. YES ___ NO ___ Is there a mechanism for acquiring spare parts?



Information management

An information system is organised around key indicators that measure a programme's progress toward its goals. It is a systematic way of collecting, reporting, and using data at all programme levels.

This checklist is intended for use in the assessment of management information systems. Its objective is to help managers enhance the quality of their programmes by identifying and resolving problems in the management information systems area. It can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks; in such cases, the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklist can be used as a basis for an open-ended interview or group assessment.

1. _____ Health facility
2. _____ Service provider
3. _____ Observer/Supervisor
4. _____ Date

Planning the information system

Health service indicators monitor the performance of a system or programme. An information system is a group of these indicators that reveal the status of the programme. These questions will help you determine if a basic information system is in place.

5. YES ___ NO ___ Is there a list of indicators to be monitored at district-level?
6. YES ___ NO ___ Is there a list of indicators to be monitored at health centre-level?

Do these lists include indicators of:

7. YES ___ NO ___ Resource availability?
8. YES ___ NO ___ Access?
9. YES ___ NO ___ Utilisation?
10. YES ___ NO ___ Coverage?
11. YES ___ NO ___ Service quality?
12. YES ___ NO ___ Outcome?
13. YES ___ NO ___ Have information sources been identified for each indicator?



14. YES ☐ NO ☐ Has the frequency of collection/compilation been established for each indicator?
15. YES ☐ NO ☐ Has an analysis procedure for each indicator been established (including thresholds or standards)?
16. YES ☐ NO ☐ Have mechanisms for interpreting and discussing results been established?

Record keeping - first level

In order for the information system to work, information collected at the most peripheral level must be complete and correct. These questions will help you assess the completeness and precision of the information being collected at the first level.

Direct service delivery

17. YES ☐ NO ☐ Is data on the size of the target population available?¹
18. YES ☐ NO ☐ Do health workers maintain records on services delivered to specific individuals (with information on age, weight, diagnosis (classification), treatment, referral)?
19. YES ☐ NO ☐ Do health workers maintain records on the number of health education sessions, outreach clinics, vaccination sessions, etc.?
20. YES ☐ NO ☐ Do health workers maintain records on high-risk cases for follow-up?
21. YES ☐ NO ☐ Do health workers maintain records on the number of deaths, the number of cases of immunizable diseases, the number of malnourished children?

Support services

22. YES ☐ NO ☐ Do health workers maintain records on stock inventories?
23. YES ☐ NO ☐ Do health workers maintain records on the integrity of the cold chain?
24. YES ☐ NO ☐ Do supervisors maintain supervision records with information on performance of specific health workers?

Compilation, tabulation and analysis of information - first level²

While information is generally collected with the express purpose of being sent to the central level, it can also be very useful to the health worker. These questions will help you identify whether the health worker is using the information at the first level.

¹ This could be collected from census data or from a population-based information system.

² The first level refers to health centres/health posts or other level of primary data collection and compilation.



25. YES ___ NO ___ Do health workers routinely compile/tabulate information from service records for monitoring?
26. YES ___ NO ___ Do health workers calculate the value of indicators on resource availability for specific interventions?
27. YES ___ NO ___ Do health workers calculate the value of indicators on utilisation of specific interventions?
28. YES ___ NO ___ Do health workers calculate the value of indicators on high-risk follow-up for specific interventions?
29. YES ___ NO ___ Do health workers calculate the value of indicators on coverage with specific interventions?
30. YES ___ NO ___ Do health workers calculate the value of indicators on quality of worker performance for specific interventions?

Use of information for management decision-making

These questions will help you identify how the health worker is using the information collected/tabulated/analysed.

31. YES ___ NO ___ Do local-level health managers utilise information to identify programme problems and strengths for scientific interventions?
32. YES ___ NO ___ Does the community participate in interpretation of results?
33. YES ___ NO ___ Do local-level health managers utilise information for training purposes (training, supervision, change of strategy)?

Reporting information and feedback

This will help you assess whether the local managers are sending the reports to the central level.

34. YES ___ NO ___ Do local-level managers prepare and transmit reports of monitoring results to the appropriate level in a timely manner?

Additional data collection (surveys) - second level

These questions will help you assess the adequacy of additional information that is being collected.

35. YES ___ NO ___ Do managers plan information collection on KAP and impact?
36. YES ___ NO ___ Do managers prepare sampling plans for rapid (household, exit, intercept) surveys?
37. YES ___ NO ___ Do managers train/prepare training for data collectors?
38. YES ___ NO ___ Do managers verify data collected?



Compilation, tabulation, and analysis of information - second level¹

This will help you assess whether second level managers are using the information received from the first level.

39. YES ___ NO ___ Do second-level managers compile information transmitted from health centres for monitoring?
40. YES ___ NO ___ Do second-level managers calculate the value of indicators on resource availability for specific interventions on a district-wide basis?
41. YES ___ NO ___ Do second-level managers calculate the value of indicators on utilisation of specific interventions on a district-wide basis?
42. YES ___ NO ___ Do second-level managers calculate the value of indicators on high-risk follow-up for specific interventions on a district-wide basis?
43. YES ___ NO ___ Do second-level managers calculate the value of indicators on coverage with specific interventions on a district-wide basis?
44. YES ___ NO ___ Do second-level managers calculate the value of indicators on quality of worker performance for specific interventions on a district-wide basis?

Use of information for management decision-making

These questions will help you assess how the second level manager uses the information received from the first level.

45. YES ___ NO ___ Do second-level managers utilise information to identify district-wide and localised problems and strengths for specific interventions?
46. YES ___ NO ___ Do second-level managers utilise information for training purposes (training, supervision, change of strategy)?

Reporting information and feedback

47. YES ___ NO ___ Do second-level managers prepare and transmit reports of monitoring results to the appropriate level in a timely manner?
48. YES ___ NO ___ Do second-level managers provide feedback to local-level managers on the results of district-wide monitoring?

¹ The second level refers to district or regional levels of compilation and analysis, as well as the organisation of coverage, KAP, and impact surveys.



Community organisation

Community organisation is the involvement of the community in the design, planning, promotion, or delivery of health enhancing activities.

This checklist is intended for use in the assessment of community organisation activities. Its objective is to help managers enhance the quality of their programmes by identifying and resolving problems in the community organisation area. It can be adapted for use in both vertical programmes and integrated PHC efforts. The questions below can be answered through interviews, document review, observation of management activities, or a review of the health facility. Some questions ask for the respondent's opinion about the quality or adequacy of specific tasks; in such cases, the perspectives of managers, health service providers, and community members should be taken into account. Areas that are deemed inadequate can be further explored through focused discussions with key informants. With modification, the checklist can be used as a basis for an open-ended interview or group assessment.

- | | |
|----------|---------------------|
| 1. _____ | Health facility |
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| 4. _____ | Date |

Profile of community organisation

This profile will help supervisors or group facilitators to describe the context of community activities and to identify opportunities and constraints. The information should be used to anticipate needs for support rather than to judge the community or programme.

- | | |
|--------------------|--|
| 5. YES ___ NO ___ | Is there a health committee or community organisation affiliated with the health centre? |
| 6. _____ | How many members are on the health committee or community organisation? |
| 7. _____ | What is the size of the population represented? |
| 8. YES ___ NO ___ | Are there other community organisations active in the area? |
| 9. YES ___ NO ___ | Do any of these groups carry out PHC or social welfare projects? |
| 10. YES ___ NO ___ | Are there active co-operatives in the area? |
| 11. YES ___ NO ___ | Do social and political conditions favour community organisation? |
| 12. YES ___ NO ___ | Is the local leadership supportive of community organisation efforts? |



Service utilisation, satisfaction, and participation

Information on the satisfaction of community members with the services provided can be invaluable in programme planning. The following will help you assess community satisfaction, utilisation, and participation in the services provided.

For the programme areas listed below indicate whether the community utilises the service, whether they are satisfied with the service, and whether they participate in the planning or implementation of services.

Health services	Utilisation/Acceptance	Satisfaction	Participation
13. Antenatal care			
14. Delivery			
15. Postnatal care			
16. Child spacing			
17. Immunization			
18. Growth monitoring			
19. Oral rehydration therapy			
20. Acute respiratory infection			
21. Malaria			
22. Tuberculosis			
23. Curative care			
24. Household registration			
25. Community health education			
26. Promotion of services			
27. High-risk ID/follow-up			
Other activities			
28. Water and sanitation			
29. Gardening/nutrition			
30. Infrastructure development			
31. Income generating projects			
32. Literacy projects			
33. Other			



Indicators of quality

The following questions will help you assess the quality of the community organisation.

- | | | | | |
|---------|-----|----|-----|---|
| 34. YES | ___ | NO | ___ | Does the community organisation meet regularly? |
| 35. YES | ___ | NO | ___ | Are meetings led by a member of the community? |
| 36. YES | ___ | NO | ___ | Are leaders chosen by the community? |
| 37. YES | ___ | NO | ___ | Are decisions made in a way that is satisfactory to group members? |
| 38. YES | ___ | NO | ___ | Are decisions made carried out? |
| 39. YES | ___ | NO | ___ | Are group members active outside of attendance at meetings? |
| 40. YES | ___ | NO | ___ | Do group members make positive contributions to activities? |
| 41. YES | ___ | NO | ___ | Are new members welcome? |
| 42. YES | ___ | NO | ___ | Is participation in a community organisation voluntary? |
| 43. YES | ___ | NO | ___ | Do more than half of the organisation's funds come from the community? |
| 44. YES | ___ | NO | ___ | Are women involved in community organisation ? |
| 45. YES | ___ | NO | ___ | Are women involved in training and decision - making? |
| 46. YES | ___ | NO | ___ | Does the community organisation have a good rapport with local officials? |

Are diverse members of the community represented in terms of:

- | | | | | |
|---------|-----|----|-----|---|
| 47. YES | ___ | NO | ___ | ethnicity (|
| 48. YES | ___ | NO | ___ | income (|
| 49. YES | ___ | NO | ___ | religion (list groups |
| 50. YES | ___ | NO | ___ | caste (|
| 51. YES | ___ | NO | ___ | other (|
| 52. YES | ___ | NO | ___ | Are disadvantaged groups adequately represented?
list disadvantaged groups |
| 53. YES | ___ | NO | ___ | Are the needs of socially or economically disadvantaged groups addressed by the health committee or community organisation? |
| 54. YES | ___ | NO | ___ | Are the needs of socially and economically disadvantaged groups addressed by the health programme? |
| 55. YES | ___ | NO | ___ | Has the group undertaken activities in the past year? |
| 56. YES | ___ | NO | ___ | Are the activities clearly visible in the community? |
| 57. YES | ___ | NO | ___ | Were cancelled activities re-scheduled? |
| 58. YES | ___ | NO | ___ | Was the community informed in advance about cancellations and schedule changes? |
| 59. YES | ___ | NO | ___ | Does the group profiled here avoid duplication with other community groups in the area? |



60. YES ___ NO ___ Has the group profiled here ever co-ordinated with or carried out an activity jointly with another community group?

Were any of the following improvements achieved through community organisation?

61. YES ___ NO ___ New needed services are available
 62. YES ___ NO ___ The acceptability of services (clinic hours, waiting time, staffing) has improved
 63. YES ___ NO ___ An active community health worker programme is in place
 64. YES ___ NO ___ More outreach and home visits are carried out
 65. YES ___ NO ___ Community projects have been successful
 66. YES ___ NO ___ List successful projects:

Implementation

These questions will help you assess the ways in which the community actively participates.

Does the community help to implement activities in the following ways:

67. YES ___ NO ___ Publicising education or clinical sessions?
 68. YES ___ NO ___ Contributing labour or resources to community projects?
 69. YES ___ NO ___ Contribute funds to support programme (through fees or insurance premiums)?
 70. YES ___ NO ___ Help to carry out community needs assessment?
 71. YES ___ NO ___ Receive training provided by the health programme?
 72. YES ___ NO ___ Management of finances?
 73. YES ___ NO ___ Procurement and management of drugs and supplies?
 74. YES ___ NO ___ Data collection and compilation for MIS?
 75. YES ___ NO ___ Provide assistance during service delivery?
 76. YES ___ NO ___ Other?

Leadership

These questions will help you assess the degree to which the community takes on a leadership role in the health activities.

Does the community play a leadership role in health activities in the following ways:

77. YES ___ NO ___ Determining the organisation's goals and objectives?
 78. YES ___ NO ___ Setting priorities based on community assessment?
 79. YES ___ NO ___ Planning activities?
 80. YES ___ NO ___ Participating in the design or development of training?
 81. YES ___ NO ___ Participating in problem analysis and problem solving?
 82. YES ___ NO ___ Selecting, approving, or evaluating unpaid staff (health volunteers or promoters)?
 83. YES ___ NO ___ Selecting, approving, or evaluating paid staff?
 84. YES ___ NO ___ Setting financial management policy?



85. YES ___ NO ___ Set policy about management of logistics and supplies?
 86. YES ___ NO ___ Analyse and interpret MIS data?
 87. YES ___ NO ___ Evaluation of staff or programme?

Co-ordination and support

Active, sustained community organisation requires the support of local health officials/workers and outside agencies. These questions will help you assess the degree of local and outside support for community organisation.

Does the community effort receive adequate assistance from local, district, and outside agencies in the following areas:

- | | Local | District | Outside |
|--|-------|----------|---------|
| 88. Technical support for PHC services? | ___ | ___ | ___ |
| 89. Technical support for water and sanitation activities? | ___ | ___ | ___ |
| 90. Technical support for agricultural efforts which promote better nutrition? | ___ | ___ | ___ |
| 91. Technical support for other key activities? | ___ | ___ | ___ |
| 92. YES ___ NO ___ Are there adequate incentives for community health workers to co-operate with the health committee or community groups? | | | |
| 93. YES ___ NO ___ Are there adequate incentives for health centre staff to organise and support community organisation? | | | |
| 94. YES ___ NO ___ Are there adequate incentives for managers and higher-level staff to encourage and support community organisation? | | | |



Appendix C: Worksheet

WORKSHEET FOR PLANNING MANAGEMENT ASSESSMENT

Step 1. Specify the objectives of the assessment

- a. What is the purpose of the assessment?
- b. What is the scope of the assessment?

Management activity(ies):

Sub-tasks:

- c. Who will use the information gathered?
- d. How will the information be used?
- e. What programmes or facilities (units) will be analysed?
- f. Over what period of time will the activities take place?
- g. Are resources adequate?

Step 2. Determine assessment methods

- a. Unit of observation:
- b. Data sources:
- c. Sampling methods:

Step 3. Choose relevant checklists:

Modification required:



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Acronyms and abbreviations

AIDS	Acquired immune deficiency syndrome
AKF	Aga Khan Foundation
AKHN	Aga Khan Health Network
AKHS	Aga Khan Health Service
AKU	Aga Khan University
ANC	Antenatal care
ARI	Acute respiratory infection
CBR	Crude birth rate
CDR	Crude death rate
CHW	Community health worker
CMR	Child mortality rate
EPI	Expanded Programme on Immunization
FP	Family planning
GM	Growth monitoring
IEC	Information, education, communication
IMR	Infant mortality rate
IV	Intravenous
KAP	Knowledge, attitudes, practice (behaviour)
MIS	Management information system
MMR	Maternal mortality rate
MOH	Ministry of Health
NG	Naso-gastric
NGO	Non-governmental organisation
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
PHC	Primary health care
PHC MAP	Primary Health Care Management Advancement Programme
PNC	Postnatal care
PRICOR	Primary Health Care Operations Research
SSS	Salt-sugar solution
STD	Sexually-transmitted diseases
TB	Tuberculosis
TBA	Traditional birth attendant
TT	Tetanus toxoid
UNICEF	United Nations Children's Fund
URC	University Research Corporation
USAID	United States Agency for International Development
WHO	World Health Organization



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MODULE 7

USER'S GUIDE

